



Client-Level Data

*Standards &
Procedures Manual
for External Use*

NOTICE:

THIS MANUAL CONTAINS IMPORTANT INFORMATION NEEDED FOR TIMELY, ACCURATE, AND RELIABLE DATA COLLECTION, DATA TRANSFORMATION, AND DATA SUBMISSION. This manual contains guidelines for electronic submission of behavioral health client-level data to address state and federal reporting requirements of the Office of Behavioral Health. Use of this document along with companion documents mentioned in this manual should be used to meet required OBH data collection and data submission requirements.

**Version 2.4
Rev. 06/15/15**

NOTE: This manual will be periodically updated as federal and state reporting requirements evolve. Please contact the Office of Behavioral Health at (225) 342-0590 or (225) 342-8548 for the most up to date version.

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CHAPTER 1 INTRODUCTION

Purpose and Need for Client-level Data

This document is the Instruction Manual for all provider organizations, the Managed Care Organization (MCO), and/or electronic behavioral health record (EBHR) vendor systems electronic submittal of client-level data to the Office of Behavioral Health (OBH) for integrated state and federal reporting. Client level data is **required** for federal reporting to the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides a large percent of state block grant funding. SAMHSA's Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) specify reporting requirements for national programs such as the National Outcome Measures (NOMS/BLOCK GRANT), Treatment Episode Data Set (TEDS), Uniform Reporting System (URS), and General Performance and Results Act (GPRA). Client-level data are also required by the state to address the informational needs of the Department of Health and Hospitals (DHH) and the state legislature, as well as to provide a statewide and integrated view of all persons served, services provided, and treatment outcomes. Client level data will also be required for use in quality management and performance accountability as the state service delivery transfers to a managed behavioral health care system managed through a statewide management organization contracted under the Office of Behavioral Health.

The standards and procedures set forth here specify the data sets, file structures, data elements, data definitions, data element values and formats, and the method, schedule, and means by which client-level data is to be electronically and securely transferred to the OBH and DHH. These data files are structured to facilitate analysis, reporting, and submittal of data to meet the reporting requirements of various parties. The data sets shall be submitted to DHH/OBH and will be processed and stored in the OBH data warehouse.

Provider organizations, the MCO, and/or EBHR vendors are encouraged to work closely with DHH/OBH staff early in the contract and implementation phase of electronic behavioral health record system to assure data is collected in a manner that meets OBH client-level data requirements and to assure timely, effective and efficient transfer of the required data.

Who Should Read this Manual?

The Office of Behavioral Health recommends that this manual be provided to all behavioral health personnel, contractors, provider organizations, the MCO, and/or EBHR vendors who are involved in the collection, extraction, transformation, and submission of the client-level data files. Use of this manual is

required by all staff primarily responsible in developing the behavioral health record system crosswalk and data extraction, transformation, and submission.

OBH Companion Document

The Office of Behavioral Health Data Collection Requirements manual is a companion document to the OBH Client-level Data Manual. Whereas the OBH Client-level Data Manual is designed to provide technical information regarding the data sets, file structures, data elements, data definitions, data element values and formats, and the method, schedule, and means by which client-level data is to be electronically and securely transferred to the OBH and DHH; the Office of Behavioral Health Data Collection Requirements manual is designed for front line clinic staff and clinicians tasked with the actual collection of required information. This OBH companion document specifies information collected as the client flows through typical administrative and clinical treatment processes and is intended to assist staff in meeting the requirements for collection and recording of behavioral health client-level data to address state and federal reporting requirements of the Office of Behavioral Health.

The Office of Behavioral Health Data Collection Requirements manual does not provide instruction or guidelines regarding client eligibility, authorization, services, or any other aspect of the Louisiana Behavioral Health Partnership (LBHP). For information on the LBHP, see the DHH LBHP website at: <http://www.dhh.state.la.us/index.cfm/subhome/18/n/177> or contact Magellan Health Services at: 1-800-424-4399.

Also, this The Office of Behavioral Health Data Collection Requirements manual is not a user guide for any electronic record system. Please see your electronic record system vendor for questions related to how to enter information into the record system.

Manual Overview

Chapter 2 describes the scope of reporting for client-level data, including which clients to report, an overview of the required data sets, and an overview of the reporting framework, process, and schedule.

Chapter 3 presents details regarding the development of the data crosswalk, including how data available in provider organizations/ EBHR vendor or MCO data systems are transformed to meet the requirements for submission to OBH. This chapter also presents the technical specifications for the extraction, transformation, and submission of client-level data.

Chapter 4 describes the steps that will take place after a submission of client-level data is received by OBH, and the procedures for file correction and file resubmission are discussed. In addition, this chapter describes the responsibilities of the Provider Organization, the MCO, and/or EBHR vendor and OBH.

Chapter 5 provides a brief explanation about data warehousing, data marts, and reporting.

Appendix A contains the data dictionary (for each data table), which includes definitions of data items, reporting guidelines, acceptable values (also listed in reference/look-up tables), and formatting information for all data elements.

Appendix B provides the Provider Organization, EBHR Vendor or MCO Data Crosswalk template sample.

Appendix C provides the list of field edits and relational and system edits- *in development*.

Appendix E provides the list of Local Governing Entities (LGE).

Appendix F filler for future use

CHAPTER 2

SCOPE OF REPORTING

Scope of Clients to Be Reported

The scope of clients to be included in this submittal will be all individuals who receive services from a public behavioral health provider/provider organization under the auspices of the state. The following guidelines should be observed when defining criteria for inclusion in client-level data submitted to OBH:

- Include all persons with mental illness, addictive disorders, or co-occurring mental health and addictive disorders served under the auspices of state (including persons who received services funded by Medicaid, Medicare, Private Insurance, Private Pay, and federal funds).
- Include any other persons who are counted as being served under the auspices of the state behavioral health agency system, including Medicaid waivers, if the behavioral health component of the waiver is considered to be under the auspices the state.
- Include all identified persons who have received services, including screening, assessment, and crisis services. Telemedicine services should be counted if they are provided to registered or identified clients.
- Include all persons who have a one-time service event or who were seen but not admitted.
- Include all persons served for who the provider organization contracts for services (including persons whose services are funded by Medicaid, Medicare, Private Insurance, Private Pay and federal funds) if the behavioral health component is considered to be under the auspices the state.

Service Program Reporting Structure

The following service program reporting structure will be used to identify and standardize the geographic areas of the state where the services are rendered, the name of the provider agencies, the service programs and program types, and the individual service providers:

- **Provider Organization/LGE** – The “umbrella” business organization responsible for the provision of services. Examples include the name of the Local Governing Entity (LGE), the name of the non-profit agency, or the private provider company. Please note: an agency or company contracted by an LGE to provide services falls under the umbrella of the LGE. In this situation, the Provider/Organization/LGE is the LGE.

- **Provider Agency** – The clinic, facility, agency, private practice, etc. providing the services under the auspices of the provider organization. The distinction between provider organization and service program is made because some provider organizations operate multiple service programs and facilities in various locations.
- **Service Program** – Specifies the primary mode of treatment (program element) to which the client is admitted for a particular episode of care/treatment.
- **Program Type** – A program encompasses an organized set of services, whether these are provided within a clinic or other facility, or in the community (e.g., Assertive Community Treatment). Evidence Based Practices will be identified as such if they meet the criteria. Another example of a program type is Peer Support Services, since a number of different (but complementary) services are offered under the same program to achieve the same result. Programs operating under contract are included here. Please see E-40 on page << >> for more information.
- **Service Provider** – The individual who provides the behavioral health service.

Please note that for some authorized providers of service under the state, the name of the provider organization and the provider agency may be the same. For example, for an individual named Jane Doe with a private practice called Jane Doe Counseling Services, the provider organization name would be Jane Doe Counseling Services and name of the provider agency would also be Jane Doe Counseling Services.

Required Data Sets

There is one data set submitted by each provider organization, MCO, and/or EBHR Vendor for each reporting period. Clients who received services from the provider organization or a provider organization-contracted program are reported in this data set.

NOTE: The data set is comprised of five data tables: the header table, client table, episode table, assessment table, and the service table.

The **header table** contains system level data elements identifying the overall information of the Provider Organization, the MCO, and/or EBHR vendor data file (e.g. who is sending the file, the reporting period, # of client records in the submission).

The **client table** contains one record per client who received services from the provider organization during the reporting period. For example, a client who received outpatient services Capital Area Human Services District (CAHSD), from one of the CAHSD community mental health centers, who also spent 30 days at a residential treatment center also through CAHSD, should have only one record in the CAHSD client table. Each client record includes basic demographics and characteristics such as age, race, and parish of residence as well as the client's financial information such as household income and pay source. Each client record in the client table is identified by a unique client identifier (client UID)

assigned by the Provider Organization, the MCO, and/or EBHR vendor record system and this client UID is used to link the client across multiple episodes of care and services within and across the Provider Organization, the MCO, and/or EBHR vendor record system.

The **episode table** contains information such as the reason for first contact, referral source, and date of admission as well as client status information that may be subject to change, such as residential status, marital status, and legal status. An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the end date of the episode will be the date of last contact and the date of discharge is blank.

The episode table can contain multiple episodes of care per client record. For example, in the above scenario for CAHSD, the client would have two episodes of care; one for the community mental health center and one for the residential treatment program. The episode table can contain overlapping episodes of care when a client is being served concurrently by two provider organization programs. For example, a client receiving outpatient services under CAHSD, from one of the CAHSD community mental health centers, who is also receiving Intensive Case Management from a CAHSD contracted agency, would have two open episodes of care in the CAHSD episode table.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the provider organization, the MCO, and/or EBHR vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific service program (clinic, facility, etc.) across the provider organization, the MCO, and/or EBHR vendor record system.

The **assessment table** contains clinical information obtained during an assessment or evaluation such as current problem, primary DSM-IV R diagnosis, and current service provider. The assessment table can contain multiple assessments completed by multiple providers per client record. Each individual assessment is identified by the assessment date and/or a unique assessment identifier (assessment UID) assigned by the Provider Organization, the MCO, and/or EBHR vendor record system or the assessment instrument vendor system. The assessment UID and is linked to a specific treatment episode UID assigned by Provider Organization, the MCO, and/or EBHR vendor record system.

The **service table** contains service session information such as the appointment status, the service provided, and when the service began and ended. The service table can contain multiple services provided by multiple service providers per client record. Each individual service session is identified by the unique service session identifier (session UID) assigned by the provider organization, the MCO, and/or EBHR vendor record system and is linked to a specific episode UID assigned by the provider organization, the MCO, and/or EBHR vendor record system.

Reporting Schedule

Data sets shall be transmitted to OBH on a bi-monthly basis to the agreed upon secure FTP site on the 1st and 15th days of each month. Data updates will be incremental in nature, and are inclusive of any record that has been edited or added within the prior two week time period. One two week time period will be from 1st of the month through the 14th of the month and the second two week time period will be from the 15th of the month through the last day of the month.

Data Sets format

Data sets will be transmitted in comma delimited (.CSV) format with named columns in the header row. Column names supplied in this manual will be used.

Overview of Reporting Process

There are three (3) steps in the data collection and submission of the data files (refer to Figure 1 on the next page for a schematic of the process).

Step 1: Develop and Submit for Review the Data Crosswalk

A provider organization or MCO with its own data system (CareLogic, Anasazi, UniCare, ICANotes, etc.), whether purchased or proprietary, for the collection and storage of client-level data, must develop a data crosswalk. Please see Chapter 3 for complete details on developing a data crosswalk. Once the Provider Organization, the MCO, and/or EBHR vendor record system crosswalk is complete, the provider organization or MCO and/or the electronic behavioral health record vendor must meet with the OBH technical team for review and approval of the crosswalk, *before any programming for extraction, transformation, and submission begins.*

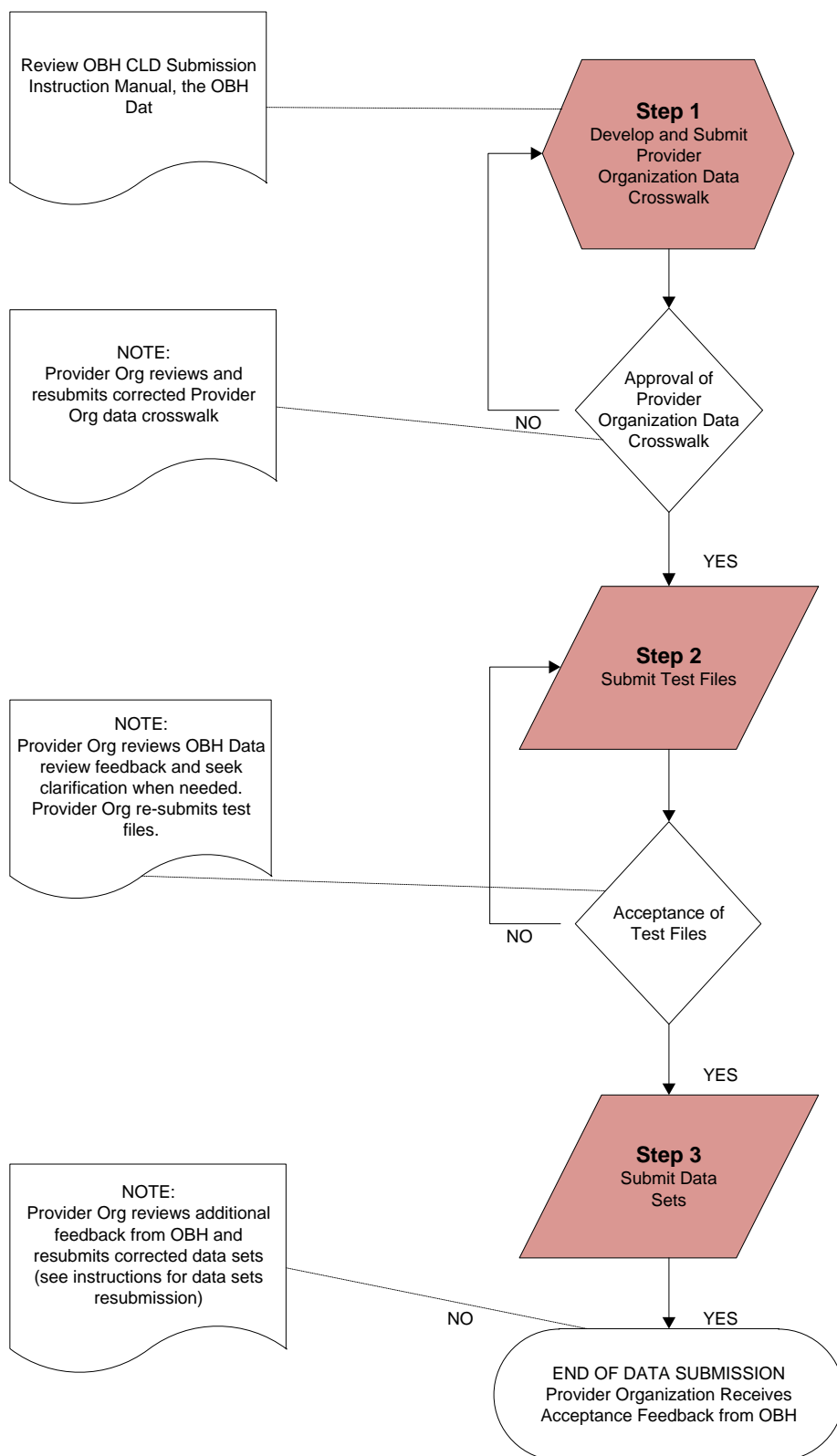
Step 2: Extract, Transform

The Provider Organization, the MCO, and/or EBHR vendor is responsible for data collection and the extraction, transformation, and electronic submission of all data to OBH. This step includes submittal of a test file of 500 client records.

Step 3: Submittal of Complete client-level Data

Once the client-level data is extracted and transformed according to OBH guidelines, the Provider Organization, the MCO, and/or EBHR vendor is responsible for transmitting the data files to OBH on a bi-monthly basis via a pre-designated File Transfer Protocol (FTP) process.

Process for Submission of Client-Level Data Sets



Security

OBH requires use of a secure connection for data submission. The security of the data during transmission from the provider organization, the MCO, and/or EBHR vendor to OBH is the responsibility of the provider organization, MCO, and/or EBHR vendor, but OBH will make every reasonable effort to accommodate the Provider Organization, the MCO, and/or EBHR vendor's security needs. At a minimum, it is recommended that submitted data files be encrypted. The provider organization, the MCO, and/or EBHR vendor must coordinate with the OBH to assure that the encryption methodology is available to OBH.

Secure FTP site

OBH manages the data files sent by Provider Organization, the MCO, and/or EBHR vendor as well as the OBH database in a secure manner. The OBH database is maintained on a secure server with ID and password access limited to authorized OBH staff. The server and back-up files are located in a locked room.

CHAPTER 3

DATA COLLECTION AND SUBMISSION

Collection and Reporting Process

Regardless of the data system used by a provider organization or MCO, *the collection, transformation, and reporting of data elements must meet at least the minimum standards outlined in this document.* Failure to meet these requirements may result in omission of data from federal (Block Grant, TEDS, URS) and state reporting.

Step 1: Development of Provider Organization, the MCO, and/or EBHR Vendor Data Crosswalk

Using the prescribed template supplied by OBH, provider organizations, the MCO, and/or EBHR vendors must develop and submit for approval by OBH a Provider Organization, MCO, and/or EBHR vendor record system data crosswalk using the prescribed MS Excel Spreadsheet. A Provider Organization, MCO, and/or EBHR Vendor Crosswalk is a document containing the general instructions (or map) for translating data from the provider organization, MCO and/or EBHR vendor's own data collection system to the data elements and values used by OBH. Each provider organization, MCO and/or EBHR vendor, working closely with OBH, develops this data crosswalk and updates the crosswalk as changes to the provider organization, the MCO, and/or EBHR vendor's record system require. The provider organization, the MCO, and/or EBHR Vendor crosswalk *guides development of the provider organization, MCO, and/or EBHR Vendor's computer program that converts the provider organization, the MCO, and/or EBHR Vendor data elements to the OBH data elements.* This **does not** require the provider organization, MCO, or EBHR vendor to provide their data structure or schema to OBH.

Anytime the provider organization, MCO, and/or EBHR Vendor plans to modify a data item in its data system, or modifies its system, it is important that the provider organization, MCO, and/or EBHR Vendor review its crosswalk and its computer program used to extract data for submission to OBH, to assure that each provider organization, MCO, and/or EBHR Vendor data item is correctly mapped to its OBH counterpart.

It is the Provider Organization, the MCO, and/or EBHR vendor's responsibility to develop the computer program to extract and transform the data for submission to OBH according to the specifications in the approved Provider organization, the MCO, and/or EBHR Vendor Crosswalk. It is also the Provider Organization, the MCO, and/or EBHR vendor record system's responsibility to update the program as needed when a change is made to the provider organization, the MCO, and/or EBHR Vendor data system, to assure that the provider organization, the MCO, and/or EBHR Vendor data elements and values are accurately matched and translated to the OBH data elements and values. In addition, the crosswalk must include a coding translation for each value.

To establish an initial crosswalk, the provider organization, the MCO, and/or EBHR Vendor develops a crosswalk by mapping the provider organization, the MCO, and/or EBHR Vendor data elements and values to the appropriate OBH data elements and values as shown in Appendix A. The crosswalk must show in detail how each provider organization, the MCO, and/or EBHR Vendor data element translates into the corresponding OBH data set element. The provider organization, the MCO, and/or EBHR Vendor submits its crosswalk to OBH along with a copy of the provider organization, the MCO, and/or EBHR Vendors current electronic data collection elements and values/codes. OBH reviews the crosswalk to ensure compatibility with the OBH data requirements. OBH will schedule a meeting with the provider organization, the MCO, and/or EBHR Vendor to review the crosswalk and to discuss and resolve any discrepancies. Appendix C shows an example of a crosswalk.

Once OBH approves the provider organization, the MCO, and/or EBHR Vendor data crosswalk, OBH notifies the provider organization, the MCO, and/or EBHR Vendor of the crosswalk's final approval. The provider organization, the MCO, and/or EBHR Vendor transforms their data elements according to the crosswalk and then submits the test file of client-level data.

Once an initial crosswalk is established, it must be updated whenever a change is made to the provider organization, the MCO, and/or EBHR Vendor's data system that affects the OBH data. When updating an existing crosswalk, the provider organization, the MCO, and/or EBHR Vendor should provide a complete updated crosswalk highlighting the data elements requiring change.

Crosswalk Objectives

The objectives of the provider organization, the MCO, and/or EBHR Vendor data crosswalk are to:

- 1) Ensure that data in the provider organization/EBHR vendor or MCO data system are accurately collected and translated to the appropriate OBH data fields; and
- 2) Establish a consistent conversion of provider organization/EBHR vendor or MCO data elements to the OBH database, thereby ensuring comparability among provider organization/EBHR vendors or the MCO.

Crosswalk Responsibilities

Each Provider organization/EBHR vendor or the MCO is responsible for:

- Preparing a provider organization/EBHR vendor or MCO data crosswalk that describes in detail how the provider organization/EBHR vendor or MCO will translate the data element values in its own system to the OBH data fields and values

- Submitting the crosswalk to OBH for review along with the provider organization/EBHR vendor or MCO's electronic data structure and related instructions/definitions (sufficient information to enable an understanding of the source of each OBH data item)
- Converting the provider organization/EBHR vendor or MCO data to the OBH format specifications
- Establishing procedures to ensure the approved crosswalk is implemented properly by ensuring the provider organization/EBHR vendor or MCO's data extraction and transformation program is correct
- Notifying OBH when changes to the provider organization/EBHR vendor or MCO crosswalk occur

OBH is responsible for:

- Assisting each provider organization/EBHR vendor or MCO in preparing its provider organization/EBHR vendor or MCO data crosswalk
- Reviewing each provider organization/EBHR vendor or MCO data crosswalk
- Giving final approval for each provider organization/EBHR vendor or MCO data crosswalk
- Helping each provider organization/EBHR vendor or MCO implement the approved data crosswalk

General Crosswalk Guidelines

The following guidelines are provided to assist provider organization/EBHR vendors or the MCO in developing the data crosswalk. The guidelines ensure statewide consistency in the reporting of OBH data. Detailed information on the OBH data set elements and their values are in Appendix A of this manual. Detailed instruction on how to complete the crosswalk are included in the crosswalk template provided by OBH.

- **Collecting Partial Data** – OBH anticipates that all provider organization/EBHR vendors or the MCO will collect and submit data for all OBH data elements except for those that are not applicable to the client or program of service. It is important that these "not applicable data elements" are identified on the provider organization/EBHR vendor's crosswalk as "not collected" along with the reason the item is not collected.
- **DSM Diagnosis** – DSM IV-TR is the required coding system for reporting diagnoses. This is subject to change as new editions are published.

- **Valid Field Codes** - All data elements in the OBH Data Set must have valid entries. Valid entries include numeric, alphanumeric characters, dates, or null values. The data dictionary in Appendix A shows valid values for each OBH data element.
- **Provider Organization/EBHR Vendor Clinic/Facility and Services Crosswalk**– Every data system has its own taxonomy for assigning unique Clinic/Facility identifiers and descriptions and unique Service Codes and Service Descriptions. In order to have standardization across the LBHP, the Provider Organization, the MCO, and/or EBHR vendor must provide a mapping of Clinic/Facility ID's to Clinic/Facility Names used in their EHR systems as well as a mapping of these Clinic/Facility ID's and Clinic/Facility Names to the Clinic/Facility ID's and Clinic/Facility Names used by the MCO EHR. In addition, the Provider Organization, the MCO, and/or EBHR vendor must provide a mapping of Service Codes to the Service Descriptions used in their EHR systems as well as a mapping of these Service Codes and Descriptions to the Service Codes and Service Descriptions used by the MCO EHR. Complete instructions are provided in Part 3 of the Provider Organization, EBHR Vendor, or MCO Data Crosswalk Template.

Step 2: Extraction and Transformation

Approval of the Provider Organization, EBHR vendor, or MCO Data Crosswalk by OBH indicates that programming for data extraction, transformation, and transference can begin. The provider organization, MCO, and/or EBHR vendor is responsible for data extraction and transformation of all data prior to transference to OBH.

Submittal of Test Files

Before sending the complete data sets, test files comprised of no more than 500 records are generated and submitted to OBH using the prescribed record layout and coding convention. Test files are randomly selected client records containing all required data elements in the data dictionary of the relevant data table. The primary objective for this procedure is to ensure prompt processing of the complete data files by identifying and resolving any potential issues prior to the submission of the bigger data files. This is accomplished through checking the conformity of provider organization, MCO, and/or EBHR vendor files with prescribed record format, use of coding conventions, and data quality control.

Review of Test Results and File Correction

OBH will review the test files and will provide feedback regarding the results of the test. The provider organization, MCO, and/or EBHR Vendor are advised to carefully review this feedback and correct all errors cited in the report. Depending on the types of errors and percentage of records with errors, a revised test file may be requested for resubmission.

Step 3: Submission of Complete Client-level Data Files

Extraction, transformation, and submission of the complete client-level data sets may begin upon advisement of the acceptability of the test files. The data tables are submitted as separate files but should be linkable as noted in the data table schema (using client UID, episode UID, etc.).

Submission Guidelines

Provider organizations, the MCO, and/or EBHR Vendors are expected to transmit client-level data on a bi-monthly basis (on the 1st and 15th days of each month) via a prescribed File Transfer Protocol. The initial submission is to include all client records and OBH required data sets. Subsequent submissions are to include data for the past 70 days for any client record that has been added or edited within the last 70 days.

When a scheduled submission will not be made on time, the provider organization, the MCO, and/or EBHR Vendor should notify OBH (by telephone, fax or email), and provide a revised delivery date, which must be as soon as possible. Note: the header table which contains the provider organization, the MCO, and/or EBHR Vendor UID, the reporting period, # of client records, date of submission, etc. is designed to aid in the accuracy of the submission.

Treatment facilities/service providers should enter their client data daily to assure completeness and accuracy of agency data submitted. Prompt data entry by service providers and subsequent submission to OBH will enable timely analysis and publication of statewide reports.

A successful submission of data to OBH requires that the provider organization, the MCO, and/or EBHR Vendor perform the following tasks according to the reporting schedule:

- Collect data through the provider organization, the MCO, and/or EBHR Vendor data system
- Translate/crosswalk provider organization, the MCO, and/or EBHR Vendor data to the appropriate OBH data fields, codes and file format
- Write computer program to extract, transform, and transfer data from the provider organization, the MCO, and/or EBHR Vendor system for OBH submission
- Produce header file and client-level data tables
- Submit the data file using the procedures for electronic transmission protocol approved by OBH

CHAPTER 4

PROCESSING DATA AND CORRECTING ERRORS

Review of Data Files

Feedback in the form of an email or report will be provided by OBH after the complete data files have been reviewed against required data edits (field and system). The feedback will specify whether or not the data files passed all edits and have been accepted by OBH. For every file submission, a corresponding data edit check is performed and feedback is provided.

File Correction and Resubmission

When data files are rejected, the provider organization, the MCO, and/or EBHR Vendor must perform corrective action and resubmit the file(s).

Issuance of Acceptance Report

Upon acceptance of the data files, OBH will notify the provider organization, the MCO, and/or EBHR Vendor.

Quality Control

Quality control procedures assure OBH and the provider organization, the MCO, and/or EBHR Vendor that the OBH system is providing accurate and valid data. The provider organization, the MCO, and/or EBHR Vendor should develop procedures to ensure that the data they submit to OBH are accurate and in the correct format. Upon receiving the data, OBH verifies that the records meet the standards described in this document, makes the appropriate updates to the OBH database, and produces feedback reports summarizing the results of the data processing.

This section describes the quality control process used by OBH, the feedback provided to the provider organization, the MCO, and/or EBHR Vendor for each OBH submission, and the procedures used to correct and resubmit data.

The objectives of the OBH quality control procedures are to assure that the data are accurate and valid. The feedback provided to the provider organization, the MCO, and/or EBHR Vendor is used to confirm receipt of the Provider organization, the MCO, and/or EBHR Vendor data and to help the provider organization, the MCO, and/or EBHR Vendor identify and resolve data problems.

Quality Control Responsibilities

Each provider organization, the MCO, and/or EBHR Vendor is responsible for:

- Ensuring that each record in the data submission contains the required key fields that all fields in the record contain valid codes, and that no duplicate records are submitted
- Cross-checking data elements for consistency across data fields
- Responding promptly to OBH error reports by resubmitting corrected data where appropriate
- Reviewing the OBH Feedback Tables for accuracy, notifying OBH when organization data has changed, comparing the OBH data with comparable provider organization, the MCO, and/or EBHR Vendor data to assure the provider organization, the MCO, and/or EBHR Vendor data have been completely and accurately reported to OBH, and notifying OBH of any data issues identified
- Responding to questions about potential data problems, when applicable, and resolving all data issues identified or providing an explanation as to why the data issue cannot be resolved or does not require resolution.

OBH is responsible for:

- Prompt processing of provider organization, the MCO, and/or EBHR Vendor data submissions into the OBH master files
- Checking each record submitted to verify that all OBH key fields are valid
- Cross-checking information within records to ensure consistency and accuracy
- Ensuring that each record in the OBH database is unique
- Notifying the provider organization, the MCO, and/or EBHR Vendor of errors in their data submissions and providing help to resolve the provider organization, the MCO, and/or EBHR Vendor submission problems
- Ensuring appropriate security of provider organization, the MCO, and/or EBHR Vendor submissions
- Providing quarterly feedback reports to the provider organization, the MCO, and/or EBHR Vendor on a timely basis at the end of each calendar quarter

CHAPTER 5

OBH DATA WAREHOUSE, DATA MARTS, AND REPORTING

Data File Warehousing

Data files transferred from provider agencies statewide are loaded into the OBH Data Warehouse in an incremental cycle that allows archiving of redundant data and the creation of a historical data record.

OBH-Wide Data Match

Once loaded into the OBH Data Warehouse, all files are subjected to a state-wide data match. The data match includes all client data (mental health and addictive disorders) from all data sources (OBHIIS, LADDS, the MCO, etc.) both OBH- and contract-operated programs. The data is matched using a data-matching algorithm that creates a common client ID, or warehouse unique identifier (WUID). This WUID uniquely identifies the client across all behavioral health systems statewide.

Build Data Marts for End Users

The matched data files are used to create data marts, where the various files are de-normalized into “flat” files. Data marts are then available to end users for analysis and web reports, to fulfill the business intelligence needs of OBH, the Department of Health and Hospitals, and the submittal agency.

Submission of Client-Level Data to SAMHSA

OBH submits required client-level data to SAMHSA’s Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) for use in informing the NOMS/BLOCK GRANT, TEDS, and URS data sets.

APPENDIX A:

OBH DATA DICTIONARY

HEADER TABLE DATA SET

HEADER TABLE DATA SET**Scope**

The header table data set is comprised of system level data elements identifying the overall information of the provider organization, the MCO, and/or EBHR Vendor data file such as who is sending the file, the reporting period, # of client records in the submission, etc. This section of the data dictionary defines the standards for the components of the header table data set.

VARIABLE NAME:	ORGANIZATION_REPORTING_CODE
DEFINITION:	Identifies the provider organization or MCO submitting the data
VALID ENTRIES:	CHARACTER CODE
FIELD NUMBER:	H-01
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXXXXXXX
PURPOSE:	OBH

GUIDELINES:

A unique code is issued by OBH for each entity (ex. provider organization or SMO) that will provide electronic data submission to OBH. This unique organization code uniquely identifies the source of the data submission.

The provider organization is the “umbrella” business organization responsible for the provision of services. Examples include the name of the Local Governing Entity (LGE), the name of the non-profit agency, or the private provider company.

Additional identifiers are included in the data tables (described in this document) to uniquely identify the area of the state or agency where the service is rendered.

VARIABLE NAME: **FILE_TYPE**

DEFINITION: Identifies the type of data file. i.e. Production or test

VALID ENTRIES: **P PRODUCTION- USED FOR PRODUCTION SUBMISSION**

T TEST- USED FOR TEST SUBMISSION

FIELD NUMBER: H-02

FIELD LENGTH: 1

FIELD TYPE: Character

FORMAT: C

PURPOSE: OBH

GUIDELINES:

VARIABLE NAME:	DATE
DEFINITION:	Identifies the day, month, and year the file was submitted/transferred
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT
FIELD NUMBER:	H-03
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	OBH
GUIDELINES:	

VARIABLE NAME:	BEGINNING_REPORT_PERIOD
DEFINITION:	Identifies the beginning of reporting period for the submitted file.

VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT
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FIELD NUMBER:	H-04
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	OBH

GUIDELINES:

VARIABLE NAME:	ENDING_REPORT_PERIOD
DEFINITION:	Identifies the last date of the reporting period for the submitted file.
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT
FIELD NUMBER:	H-05
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	OBH
GUIDELINES:	

VARIABLE NAME:	CLIENT_RECORD_COUNT
DEFINITION:	Identifies the total number of client records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-06
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

VARIABLE NAME:	EPISODE_RECORD_COUNT
DEFINITION:	Identifies the total number of episode records in the submitted file
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-07
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

VARIABLE NAME:	ASSESSMENT_RECORD_COUNT
DEFINITION:	Identifies the total number of assessment records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-08
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

VARIABLE NAME:	SERVICE_RECORD_COUNT
DEFINITION:	Identifies the total number of service records in the submitted file.
VALID ENTRIES:	UP TO 8 DIGITS
FIELD NUMBER:	H-10
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

[END HEADER TABLE DATA SET]

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CLIENT TABLE DATA SET

CLIENT TABLE DATA SET

Scope

The client table data set is comprised of personal information relative to the client, such as name, date of birth, social security number, income, veteran status, racial origin, ethnicity, and gender. This section of the data dictionary defines the standards for the components of the client table data set.

Each table contains key fields that are used to uniquely identify a client across multiple data systems and for linking episodic information across database tables.

The following fields are key fields:

CLUID

DOB

NAME_F

NAME_L

SSN

Tables also contain fields used to complete the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Missing data in any of these fields will result in the omission of the client record from block grant reporting. The following fields in the Client Table are used for this purpose:

DOB

ETHNICITY

GENDER

RACE

VARIABLE NAME:	CITY
DEFINITION:	The client's current or last known city of residence.
VALID ENTRIES:	UP TO 20 CHARACTERS
FIELD NUMBER:	C-01
FIELD LENGTH:	20
FIELD TYPE:	Character
FORMAT:	CCCCCCCCCCCCCCCCCCCC
PURPOSE:	BLOCK GRANT (URS, NOMS/BLOCK GRANT), OBH

GUIDELINES:

Enter the name of the client's current or last known city of residence.

VARIABLE NAME:	CLUID (KEY)
DEFINITION:	A unique client identifier that is assigned by the provider organization, electronic behavioral health record vendor system, or the MCO.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER
FIELD NUMBER:	C-02
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS, NOMS), TEDS, OBH

GUIDELINES:

Providers/agencies may use an existing unique client ID. This CLUID cannot be reassigned to a different person at any time. Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted.

VARIABLE NAME:	DEP_NUM
DEFINITION:	The number of individuals who rely or depend on the client's household income
VALID ENTRIES:	01 - 99
FIELD NUMBER:	C-03
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (Application), OBH

GUIDELINES:

Enter a two-digit number to indicate the number of individuals who rely or depend on the client's household income.

Dependent means a person dependent on the household income as accepted by the Internal Revenue Service (IRS) for federal income tax purposes. In the case of a minor not claimed as a dependent for income tax purposes, if the parents are still responsible for a contribution based on the fee schedule, increase the dependent deductions by the number of client(s) in question.

Because the minimum number that may be entered is 01, a minor client – even though reported on someone else's income tax – is coded as 01.

VARIABLE NAME:	DOB
DEFINITION:	Specifies the client's date of birth
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT
FIELD NUMBER:	C-04
FIELD LENGTH:	10
FIELD TYPE:	Numeric
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS, NOMS), TEDS, OBH

GUIDELINES:

Enter the client's date of birth as two-digit month, two-digit day, and four-digit year, using the format MM/DD/YYYY.

This data element is used for calculating entries for URS, NOMS/BLOCK GRANT, TEDS, and OBH reporting. Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

VARIABLE NAME: **ETHNICITY**

DEFINITION: Identifies the client's ethnic heritage

VALID ENTRIES:	1 CENTRAL OR SOUTH AMERICAN	The client is an individual from Central or South America
	2 CUBAN	The client is an individual of Cuban heritage or culture, regardless of race.
	3 HISPANIC OR LATINO	The client is of known Central or South American or any Spanish cultural origin (including Spain), other than Puerto Rican, Mexican or Cuban, regardless of race.
	4 HISPANIC OR LATINO, UNKNOWN ORIGIN	The client is Hispanic or Latino but origin is unknown.
	5 MEXICAN/MEXICAN AMERICAN	The client is an individual of Mexican heritage or culture, regardless of race.
	6 NON-HISPANIC OR NON-LATINO	The client is an individual <u>not</u> of Hispanic or Latino origin.
	7 PUERTO RICAN	The client is an individual of Puerto Rican heritage or culture, regardless of race.
	98 UNKNOWN	

FIELD NUMBER: C-05

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (URS, NOMS),TOMS, TEDS

GUIDELINES:

Enter the appropriate single-digit code for the client's ethnic heritage. Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

VARIABLE NAME:	GENDER
DEFINITION:	Identifies the client's gender
VALID ENTRIES:	1 MALE
	2 FEMALE
FIELD NUMBER:	C-07
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	BLOCK GRANT (URS, NOMS),TOMS, TEDS

GUIDELINES:

Enter the appropriate single-digit code for the client's gender. Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

VARIABLE NAME: **HEALTH_INS**

DEFINITION: Specifies whether the client has health insurance. The insurance may or may not cover behavioral health treatment.

VALID ENTRIES:

- 01 BLUE CROSS/BLUE SHIELD (BCBS)**
- 02 CHAMPUS**
- 03 HEALTH MAINTENANCE ORG (HMO)**
- 04 MEDICAID**
- 05 MEDICARE**
- 06 NONE**
- 07 OTHER (E.G. TRICARE)**
- 08 PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO)**
- 09 VA**

FIELD NUMBER: C-08

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (URS TABLES), TEDS, OBH

GUIDELINES:

Enter the 2-digit code that corresponds to the name/type of client's health insurance.

This data element specifies whether the client has health insurance. Pay_Source_1 (C-39), Pay_Source_2 (C-40), and Pay_Source_3 (C-41) specify the primary, secondary, and tertiary source of payment.

VARIABLE NAME: **HEALTH_INS_SEC**

DEFINITION: Specifies the client's secondary health insurance (if any). The insurance may or may not cover behavioral health treatment.

VALID ENTRIES:

- 01 BLUE CROSS/BLUE SHIELD (BCBS)**
- 02 CHAMPUS**
- 03 HEALTH MAINTENANCE ORG (HMO)**
- 04 MEDICAID**
- 05 MEDICARE**
- 06 NONE**
- 07 OTHER (E.G. TRICARE)**
- 08 PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO)**
- 09 VA**

FIELD NUMBER: C-09

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (URS TABLES), TEDS, OBH

GUIDELINES:

Enter the 2-digit code that corresponds to the name/type of client's secondary health insurance.

This data element specifies whether the client has a secondary health insurance. For pay source, see Pay_Source_1 (C-39), Pay_Source_2 (C-40), and Pay_Source_3 (C-41).

VARIABLE NAME: **HH_INCOME_1**

DEFINITION: Identifies the primary source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-10

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

This field identifies the primary source of income for the client household.

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

Note: To report more detailed income information, OBH has added 09- Retirement/Pension and 10- Disability to distinguish these sources of income from wages/salary and social security. The MCO or EBHR vendor is encouraged to collect and report data for all categories in the list of valid entries shown above; however, codes 09 and 10 are optional at this time.

VARIABLE NAME: **HH_INCOME_2**

DEFINITION: Identifies a second source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-11

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a second source of household income, please select the appropriate category. If the client reports no second source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_3**

DEFINITION: Identifies a third source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-12

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a third source of household income, please select the appropriate category. If the client reports no third source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_4**

DEFINITION: Identifies a fourth source of income for the client.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-13

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a fourth source of household income, please select the appropriate category. If the client reports no fourth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_5**

DEFINITION: Identifies a fifth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-14

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a fifth source of household income, please select the appropriate category. If the client reports no fifth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_6**

DEFINITION: Identifies a sixth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-15

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a sixth source of household income, please select the appropriate category.

If the client reports no sixth source of household income, enter “01”.

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor’s own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_7**

DEFINITION: Identifies a seventh source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-16

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports a seventh source of household income, please select the appropriate category.

If the client reports no seventh source of household income, enter “01”.

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor’s own income whether the source is allowance or earnings.

VARIABLE NAME: **HH_INCOME_8**

DEFINITION: Identifies an eighth source of income for the client household.

VALID ENTRIES:	01	NONE	There is no source of income
	02	WAGES/SALARY	Source of income from hourly, daily, weekly, or monthly employment
	06	SOCIAL SECURITY / RAILROAD INSURANCE	Income earned from these sources
	07	SSI, FITAP, OR OTHER PUBLIC ASSISTANCE	Income received from Supplemental Security, Aid to Families with Dependent Children, Old Age Assistance, or Other Public Welfare Agencies
	08	OTHER	Income received from unemployment compensation, worker's compensation, pensions, alimony, child support, or any other source of income received regularly (<u>Do not include</u> one-time or lump-sum payments such as inheritance or sale of house.)
	09	RETIREMENT/PENSION	Income received from retirement or a pension fund. See guidelines below.
	10	DISABILITY	Income received due to disability. See guidelines below.

FIELD NUMBER: C-17

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: XX

PURPOSE: TEDS, OBH

GUIDELINES:

If the client reports an eighth source of household income, please select the appropriate category. If the client reports no eighth source of household income, enter "01".

For the purposes of reporting income, the basic family unit is defined as consisting of one or more adults and children, if any, related by blood, marriage, of adoption, and residing in the same household.

Where related adults, other than spouses, or unrelated adults reside together, each will be considered a separate family, unless they are included as part of the family unit for federal income tax purposes. Children living with non-legally responsible relatives, emancipated minors, and children living under the care of unrelated persons will be considered a member of the family, if any, that claims that child as a dependent for federal income tax purposes. In maternity homes, minors seen without the consent and knowledge of parents or legal guardians will be considered as separate family units and will be charged according to the minor's own income whether the source is allowance or earnings.

VARIABLE NAME:	INC_OTHER
DEFINITION:	Family income from otherwise unclassified sources
VALID ENTRIES:	NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
FIELD NUMBER:	C-21
FIELD LENGTH:	7
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

This data is required for MH only clients.

Record TOTAL dollar amount of annual payments to the client's family for unemployment compensation, workmen's compensation, pensions, alimony, child support, or any other source of income received regularly. Do not include one-time or lump-sum payments such as an inheritance or the sale of a house. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

When there is no income from otherwise unclassified sources, enter a single zero.

VARIABLE NAME:	INC_PUBA
DEFINITION:	Income from SSI, AFDC, or other public assistance
VALID ENTRIES:	NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
FIELD NUMBER:	C-22
FIELD LENGTH:	7
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

This data is required for MH only clients.

Record the TOTAL dollar amount of annual payments to the client's family from Supplemental Security, Aid to Families with Dependent Children, "old age assistance," or other public welfare agencies. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

When there is no income from SSI, AFDC, or other public assistance; enter a single zero.

VARIABLE NAME:	INC_SSRR
DEFINITION:	Income from Social Security or Railroad Retirement
VALID ENTRIES:	NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
FIELD NUMBER:	C-23
FIELD LENGTH:	7
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

This data is required for MH only clients.

Record the TOTAL dollar amount of annual payments to the client's family from Social Security or Railroad Retirement. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no Social Security or Railroad Retirement income, enter a single zero.

VARIABLE NAME:	INC_WAGE
DEFINITION:	Income from wages or salary
VALID ENTRIES:	NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
FIELD NUMBER:	C-25
FIELD LENGTH:	7
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	OBH

GUIDELINES:

This data is required for MH only clients.

Record the gross amount of annual income earned from wages, salary, commissions, bonuses, and tips before deductions for taxes, bonds, dues, or other items. Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no annual income from wages or salary, enter a single zero.

VARIABLE NAME: **LANGUAGE1**

DEFINITION: Identifies the client's primary spoken language

VALID ENTRIES:

01	ENGLISH
02	SPANISH
03	FRENCH
04	VIETNAMESE
05	CHINESE
06	HINDU OR RELATED LANGUAGE
07	HEBREW
08	GERMAN
09	RUSSIAN
10	ARABIC
11	PORTUGUESE
12	OTHER

FIELD NUMBER: C-26

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: OBH

GUIDELINES:

VARIABLE NAME:	MONTHLY_INCOME
DEFINITION:	Specifies the client's monthly income.
VALID ENTRIES:	NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
FIELD NUMBER:	C-27
FIELD LENGTH:	7
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	TEDS, OBH

GUIDELINES:

Round the amount to the nearest whole dollar and **do not** include commas, periods, or preceding zeros.

If the client has no monthly income, enter a single zero.

VARIABLE NAME:	NAME_F
DEFINITION:	The client's first name
VALID ENTRIES:	UP TO 35 CHARACTERS
FIELD NUMBER:	C-29
FIELD LENGTH:	35
FIELD TYPE:	Character
FORMAT:	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
PURPOSE:	OBH, BLOCK GRANT (URS,NOMS), TEDS

GUIDELINES:

Enter the client's current legal first name.

This variable is used as a key variable for Block Grant, TEDS and other reporting.

VARIABLE NAME:	NAME_L
DEFINITION:	The client's current legal last name
VALID ENTRIES:	UP TO 35 CHARACTERS
FIELD NUMBER:	C-30
FIELD LENGTH:	35
FIELD TYPE:	Character
FORMAT:	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
PURPOSE:	OBH, BLOCK GRANT (URS,NOMS), TEDS

GUIDELINES:

Enter the client's current legal last name. This name may not necessarily be the same as the last name on the client's birth certificate, due to marriage or legal name changes.

This variable is used as a key variable for Block Grant, TEDS and other reporting.

VARIABLE NAME:	NAME_M
DEFINITION:	Client's middle initial
VALID ENTRIES:	FIRST CHARACTER OF CLIENT'S MIDDLE NAME
FIELD NUMBER:	C-31
FIELD LENGTH:	1
FIELD TYPE:	Character
FORMAT:	C
PURPOSE:	OBH, BLOCK GRANT (URS,NOMS), TEDS

GUIDELINES:

Enter the first letter of the client's current legal middle name. Do not include a period following the middle initial when entering this value.

When available, this variable is used as a key variable for Block Grant, TEDS and other reporting.

When there is no middle initial, please leave this data element blank.

VARIABLE NAME:	NAME_S
DEFINITION:	Suffix to client's last name
VALID ENTRIES:	JR, SR, I, II, III, IV, V, VI, VII, VIII, or IX
FIELD NUMBER:	C-32
FIELD LENGTH:	4
FIELD TYPE:	Character
FORMAT:	CCCC
PURPOSE:	OBH, BLOCK GRANT (URS,NOMS), TEDS

GUIDELINES:

When the client's last name includes a suffix (i.e., John Smith, Jr.), the only allowable suffixes are the values JR, SR, I, II, III, IV, V, VI, VII, VIII, or IX. Do not include a period following the suffix when entering these values.

When available, this variable is used as a key variable for Block Grant, TEDS and other reporting.

When there is no name suffix, please leave this data element blank.

VARIABLE NAME: **PARISH**

DEFINITION: Specifies the client's current or last known parish of residence

VALID ENTRIES:	01 ACADIANA	34 MOREHOUSE
	02 ALLEN	35 NATCHITOCHES
	03 ASCENSION	36 ORLEANS
	04 ASSUMPTION	37 OUACHITA
	05 AVOYELLES	38 PLAQUEMINES
	06 BEAUREGARD	39 POINTE COUPEE
	07 BIENVILLE	40 RAPIDES
	08 BOSSIER	41 RED RIVER
	09 CADDO	42 RICHLAND
	10 CALCASIEU	43 SABINE
	11 CALDWELL	44 ST. BERNARD
	12 CAMERON	45 ST. CHARLES
	13 CATAHOULA	46 ST. HELENA
	14 CLAIBORNE	47 ST. JAMES
	15 CONCORDIA	48 ST. JOHN THE BAPTIST
	16 DESOTO	49 ST. LANDRY
	17 EAST BATON ROUGE	50 ST. MARTIN
	18 EAST CARROLL	51 ST. MARY
	19 EAST FELICIANA	52 ST. TAMMANY
	20 EVANGELINE	53 TANGIPAHOA
	21 FRANKLIN	54 TENSAS
	22 GRANT	55 TERREBONNE
	23 IBERIA	56 UNION
	24 IBERVILLE	57 VERMILLION
	25 JACKSON	58 VERNON
	26 JEFFERSON	59 WASHINGTON
	27 JEFFERSON DAVIS	60 WEBSTER
	28 LAFAYETTE	61 WEST BATON ROUGE
	29 LAFOURCHE	62 WEST CARROLL
	30 LASALLE	63 WEST FELICIANA
	31 LINCOLN	64 WINN
	32 LIVINGSTON	
	33 MADISON	99 OUT-OF-STATE

FIELD NUMBER: C-33

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: OBH, Legislature (when applicable)

GUIDELINES:

Enter the appropriate two-digit code for the client's current or last known parish of residence. For clients whose primary residence is out-of-state, report code 99- Out-of-State.

NAME: RACE

DEFINITION: Identifies the race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-34

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This data element (C-33) will be considered the “primary” category. If the client reports more than one race, enter the additional racial origins, one per data element, using elements RACE2, RACE3, and RACE4, respectively.

Missing or invalid entries will result in omission from Substance Abuse Block Grant reporting.

NAME: RACE2

DEFINITION: Identifies a second race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-35

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element (C-34) provides a place to report a second racial origin as identified by the client. If the client reports a racial origin in addition to the primary category and this one, enter the additional racial origins, one per data element, using elements RACE3 and RACE4, respectively.

When there is no RACE 2, please leave this data element blank.

NAME:	RACE3		
DEFINITION:	Identifies a third race of the client		
VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER:	C-36
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element provides a place to report a third racial origin as identified by the client. If the client reports a fourth racial origin, enter the additional racial origin using element RACE4.

When there is no RACE 3, please leave this data element blank.

NAME: **RACE4**

DEFINITION: Identifies a fourth race of the client

VALID ENTRIES:	1	ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)	An individual having origins in any of the people of Alaska and who maintains cultural identity through tribal affiliation or community recognition.
	2	AMERICAN INDIAN	An individual who has origins in any of the original peoples of North America excluding Alaska, and who maintains cultural identity through tribal affiliation or community recognition/attachment.
	3	ASIAN	An individual having origins in any of the original peoples of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.
	5	BLACK/AFRICAN AMERICAN	An individual having origins in any of the original black racial groups of Africa.
	7	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	8	OTHER SINGLE RACE	Use this category for instances in which the client does not identify with any other category or whose origin group, because of area custom, are regarded as racial class distinct from the any of the other categories.
	9	UNKNOWN	
	10	WHITE	An individual having origins in any of the original peoples of Europe (including Portugal), North Africa, or the Middle East

FIELD NUMBER: C-37

FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

An individual may report up to a maximum of four racial origins as categorized above. This element provides a place to report a fourth racial origin as identified by the client.

When there is no RACE 4, please leave this data element blank.

VARIABLE NAME: **SEXUAL_ORIENTATION**

DEFINITION: Identifies the client's sexual orientation

VALID ENTRIES:

- 1 ASEXUAL**
- 2 BISEXUAL**
- 3 GAY**
- 4 HETEROSEXUAL**
- 5 LESBIAN**
- 6 QUESTIONING**
- 7 DECLINE TO ANSWER**
- 8 NOT APPLICABLE DUE TO AGE**

FIELD NUMBER: C-38

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

PURPOSE: OBH

GUIDELINES:

Enter the single-digit number that represents the client's sexual preference. If a client does not wish to share this information, use code 7- Decline to Answer.

VARIABLE NAME: **PAY_SOURCE_1**

DEFINITION: Client's primary source of payment

VALID ENTRIES:	01 CHAMPUS	The fee (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support <i>(these individuals receive financial assistance formerly known as AFDC, welfare etc.)</i>
	04 MEDICAID	The fee (in total or in part) will be paid by the Title XIX program.
	05 MEDICARE	The fee (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	The fee (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE PAYMENT	Based on the DHH Liability Limitation Schedule, no fee is to be charged to the client.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	The fee (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	The fee (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.

17 VA		The fee (in total or in part) will be paid by the Veteran's Administration.
FIELD NUMBER:	C-39	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH	

GUIDELINES:

Enter the two-digit code that best represents the client's first source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This copayment does not count toward meeting the DHH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for "No Fee Payment," but were admitted to a facility's Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

VARIABLE NAME: **PAY_SOURCE_2**

DEFINITION: Client's secondary source of payment

VALID ENTRIES:	01 CHAMPUS	The fee (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support <i>(these individuals receive financial assistance formerly known as AFDC, welfare etc.)</i>
	04 MEDICAID	The fee (in total or in part) will be paid by the Title XIX program.
	05 MEDICARE	The fee (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	The fee (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE PAYMENT	Based on the DHH Liability Limitation Schedule, no fee is to be charged to the client.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	The fee (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	The fee (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.

17 VA		The fee (in total or in part) will be paid by the Veteran's Administration.
FIELD NUMBER:	C-40	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH	

GUIDELINES:

Enter the two-digit code that best represents the second source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This copayment does not count toward meeting the DHH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for "No Fee Payment," but were admitted to a facility's Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

For clients who do not have a secondary pay source, please leave this data element blank.

VARIABLE NAME: **PAY_SOURCE_3**

DEFINITION: Client's third source of payment

VALID ENTRIES:	01 CHAMPUS	The fee (in total or in part) will be paid by insurance provided by the Civilian Health and Military Personnel Uniformed Services
	02 DRUG COURT	Direct referral from a Drug Court Program.
	03 FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support <i>(these individuals receive financial assistance formerly known as AFDC, welfare etc.)</i>
	04 MEDICAID	The fee (in total or in part) will be paid by the Title XIX program.
	05 MEDICARE	The fee (in total or in part) will be paid by insurance provided through Social Security or Railroad Retirement.
	06 MEDICARE REPLACEMENT	
	07 MEDICARE SUPPLEMENTAL	The fee (in total or in part) will be paid by insurance that is a supplement to Medicare.
	09 NO FEE PAYMENT	Based on the DHH Liability Limitation Schedule, no fee is to be charged to the client.
	11 OTHER PUBLIC RESOURCES	
	12 PERSONAL RESOURCES	The fee (in total or in part) will be paid from the client's personal income or that of the client's household.
	13 PRIVATE HEALTH INSURANCE	The fee (in total or in part) will be paid by the client's personal insurance carrier in accordance with the specifications of the policy.
	15 TANF	(For SA ONLY residential programs) - Temporary Assistance for Needy Families - This source of referral should only be used for residential programs receiving TANF funding.

17 VA		The fee (in total or in part) will be paid by the Veteran's Administration.
FIELD NUMBER:	C-41	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH	

GUIDELINES:

Enter the two-digit code that best represents the third source of payment to be billed for services.

Clients admitted to a facility's Education Program because of a DWI/DUI violation may be responsible for an additional copayment for such treatment. This additional copayment does not count toward meeting the DHH Liability Limit and will continue to be charged to the appropriate clients even after the Liability Limit is met. It is not covered by Medicaid.

Clients who meet the requirements for "No Fee Payment," but were admitted to a facility's Education Program because of a DWI/DUI violation, will not be responsible for any additional copayment for such treatment.

For clients who do not have a tertiary pay source, please leave this data element blank.

VARIABLE NAME:	SSN (Key)
DEFINITION:	Identifies the client's Social Security Number
VALID ENTRIES:	9-DIGIT NUMERIC SOCIAL SECURITY NUMBER
FIELD NUMBER:	C-42
FIELD LENGTH:	9
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Enter the 9-digit SSN without the dashes. This field is used to uniquely identify an individual across multiple data sources. Missing or invalid entries may result in omission from state and Block Grant reporting.

VARIABLE NAME: **VA_ELIG**

DEFINITION: Identifies the client's Veteran's eligibility

VALID ENTRIES:	1	IS QUALIFIED	The client has a V.A. file number based on his/her active military service
	2	IS NOT QUALIFIED	The client does not have a V.A. file based on his/her active military service
	3	IS A QUALIFIED DEPENDENT	The client is listed as a qualified dependent under someone else's V.A. file number

FIELD NUMBER: C-43

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

PURPOSE: OBH

GUIDELINES:

Enter the single-digit numeric code that indicates the client's Veteran's eligibility.

VARIABLE NAME: **VA_ST**

DEFINITION: Indicates the client's veteran status.

VALID ENTRIES:	1 NO	The client has not a veteran.
	2 YES	This client is a Veteran (see guidelines below for definition).

FIELD NUMBER: C-44

FIELD LENGTH: 1

FIELD TYPE: Numeric

FORMAT: #

PURPOSE: TEDS, OBH

GUIDELINES:

Enter the single-digit numeric code that indicates the client's veteran status.

A Veteran is a person 16 years or over who has served (even for a short time), but is not now serving, on active duty in the US Army, Navy, Air Force, Marine Corp, Coast Guard, or Commissioned Corps of the US Public health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during world War II.

Persons who served in the National Guard or Military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps.

VARIABLE NAME:	ZIP
DEFINITION:	Specifies the client's current or last known ZIP code of residence
VALID ENTRIES:	CLIENT'S NINE-DIGIT POSTAL ZIP CODE (NO DASHES)
FIELD NUMBER:	C-45
FIELD LENGTH:	9
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the nine-digit ZIP code of the client's current or last known residence. If using the five-digit ZIP code, enter those numbers followed by 0000.

This data element is used in calculating values for URS, NOMS/BLOCK GRANT, TEDS, and OBH reporting.

VARIABLE NAME:	REGION
DEFINITION:	Identifies the Local Governing Entity (LGE) responsible for the provision of services.
VALID ENTRIES:	2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA) 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD) 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA) 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD) 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD) 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA) 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA) 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA) 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)
FIELD NUMBER:	C-46
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently, ten human services areas/districts/authorities operate in regions throughout Louisiana.

[END CLIENT TABLE DATA SET]

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EPISODE TABLE DATA SET

EPISODE TABLE DATA SET**Scope**

The episode table data set is comprised of information relative to the client's treatment history, such as disposition, diagnosis or addiction type, employment status, marital status, and others. This section of the data dictionary defines the standards for the components of the episode table data set.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

CLUID

EPISODE_UID

Tables also contain fields used to uniquely identify a client episode as defined by the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Missing data in any of these fields will result in the omission of the client record from TEDS and block grant reporting. The following fields are used for this purpose:

ADM_DATE

DC_DATE

SERV_PROGRAM

VARIABLE NAME:	ADDICTIONTYPE		
DEFINITION:	Identifies the primary addiction for which the client is seeking treatment (i.e., gambling, alcohol, drugs, etc.)		
VALID ENTRIES:	1	ALCOHOL	The reason for service with your facility is <u>alcohol</u> related
	2	DRUGS	The reason for service with your facility is <u>drug</u> related
	3	ALCOHOL AND DRUGS	The reason for service with your facility is <u>alcohol</u> and <u>drug</u> related
	4	GAMBLING	The reason for service with your facility is <u>gambling</u> related
	5	NONE	The reason for service with your facility is not related to drugs, alcohol, or gambling.
	99	OTHER	The reason for service with your facility is different from the above values
FIELD NUMBER:	E-01		
FIELD LENGTH:	2		
FIELD TYPE:	Numeric		
FORMAT:	##		
PURPOSE:	TEDS, OBH		

GUIDELINES:

This field is used to indicate the primary addiction for which the client is seeking treatment (i.e., gambling, alcohol, drugs, etc.). Enter the code corresponding to the category which best characterizes the client's primary addictive disorder. If the client's primary treatment need is a mental health disorder, enter 5-none.

The distinction between alcohol and drugs must be maintained at present to accord with Federal reporting requirements.

If a client is admitted with a substance abuse diagnosis, but has a gambling problem also, use the code that characterizes the primary and most immediate treatment need of the client.

Use 'Other' only if you have a situation in which the client's primary treatment need is for substance misuse/abuse and none of the other values available is appropriate.

VARIABLE NAME:	AGENCY_UID
DEFINITION:	A unique agency identifier for the provider agency/clinic where the client is receiving services and/or was admitted for treatment
VALID ENTRIES:	SEE GUIDELINES BELOW
FIELD NUMBER:	E-05
FIELD LENGTH:	5
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS TABLES), TEDS, OBH

GUIDELINES:

All facilities/agencies/clinics are assigned a unique agency UID by the electronic health information system used by the agency. This Agency UID (also called the service agency UID) is used to uniquely identify the provider agency/clinic/facility where the client receives services.

OBH legacy system facility codes are used for OBH internal purposes only.

VARIABLE NAME:	ASSIGN_PV
DEFINITION:	Identifies the member of the clinic's therapeutic staff who will have primary responsibility for case coordination/management/treatment for this client.
VALID ENTRIES:	UP TO 10-DIGIT CODE
FIELD NUMBER:	E-06
FIELD LENGTH:	10
FIELD TYPE:	Character
FORMAT:	CCCCCCCCCC
PURPOSE:	TEDS, OBH

GUIDELINES:

Enter the unique provider identifier (UID) of the member of the clinic's therapeutic staff who will have primary responsibility for case coordination/management/treatment for this client.

VARIABLE NAME:	CLUID
DEFINITION:	A unique client identifier that is assigned by the provider organization, electronic behavioral health record vendor system, or the MCO.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER
FIELD NUMBER:	E-08
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS, NOMS/BLOCK GRANT), TEDS, OBH

GUIDELINES:

The CLUID is a unique client identifier that is assigned by the provider organization/EBHR vendor system, or the MCO. This CLUID cannot be reassigned to a different person at any time. Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted.

VARIABLE NAME:	CONT_DT
DEFINITION:	Identifies the date of first contact, or first date of communication with the client; Communication may be classified as either face-to-face or telephonic.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-09
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the date of first contact/communication with the client as the two-digit month, followed by the two-digit day, followed by the four-digit year, using the format MM/DD/YYYY.

This data element is used in calculating values for TEDS, NOM, and OBH reporting.

EPISODE TABLE

VARIABLE NAME:	CONT_RES	
DEFINITION:	Identifies the primary reason for <i>first contact</i> between client and agency/facility	
VALID ENTRIES:	01 BEHAVIORAL HEALTH SERVICES- REGARDING SELF 02 BEHAVIORAL HEALTH SERVICES- REGARDING SIGNIFICANT OTHER 03 CRISIS INTERVENTION – SELF 04 CRISIS INTERVENTION - COLLATERAL 07 SERVICE CONTINUATION	<p>The client contacted or was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to his/her own behavioral health needs.</p> <p>The client contacted or was served at this facility with the primary purpose of seeking information, assistance, and/or treatment with respect to the behavioral health needs of another individual.</p> <p>The client contacted or was served at this facility indicating that his/her situation and/or problem(s) are such that <u>immediate</u> and <u>emergency</u> services are required.</p> <p>The client was contacted or was served at this facility indicating that situation(s) and/or problem(s) of a significant other are such that <u>immediate</u> and <u>emergency</u> services are required</p> <p>The client contacted this facility to continue services that were initiated by another public or private practitioner, clinic, or hospital for behavioral health treatment.</p>
FIELD NUMBER:	E-10	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	TEDS, OBH	
GUIDELINES:		

This information is to be collected on all clients.

VARIABLE NAME:	DC_DATE (Key)
DEFINITION:	Specifies the date on which the client is discharged and the treatment episode ends
VALID ENTRIES:	EIGHT-DIGIT DATE OF DISCHARGE, COMPRISED OF 2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR
FIELD NUMBER:	E-11
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

A discharge is defined as the termination of services. The discharge date signifies that the client is no longer in treatment and is no longer under the care of the agency.

All electronic health record systems used by provider organizations must have the capacity to record a discharge date.

Enter the date of discharge as the two-digit month, followed by the two-digit day, followed by the four-digit year, using the format MM/DD/YYYY.

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME: **DISPOSITION**

DEFINITION: Describes the outcome of the initial contact/interview with respect to what subsequent services, if any, are to be planned for the client.

VALID ENTRIES:	01	ADMISSION	The client has met all eligibility/admission criteria and is formally admitted to the clinic/program for further service.
	02	APPOINTMENT SCHEDULED	The individual is not formally admitted on the date of the initial interview, but a subsequent appointment is scheduled for the client.
	03	REFERRED ELSEWHERE	If after interviewing client, and the agency determines his/her needs can be more appropriately met at another agency, and he/she is so referred.
	04	NO FURTHER SERVICE REQUESTED	The client indicated that the first interview provided the information/help needed, and requests no other interventions of this program, and is not referred elsewhere.
	05	NO FURTHER SERVICE REQUIRED	From the initial interview the counselor determines no further intervention is required.
	06	EDUCATIONAL PROGRAM	The client is provided with a purely educational component of the program.
	08	INITIAL ASSESSMENT ONLY	An individual who has completed all documentation required for admission including client registry information and initial interview information, but is not admitted for treatment.

FIELD NUMBER:	E-17
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	OBH

GUIDELINES:

When coding 01 (Admission) the client **must** have completed all documentation required for admission including but not limited to: client registry information, initial interview information, and assessment information.

For AD clients, the initial interview information must include the ASI and must carry a diagnosis of an addictive disorder.

VARIABLE NAME:	ED_LEVEL
DEFINITION:	Indicates the client's current school grade level or highest level of educational attainment
VALID ENTRIES:	00 NO YEARS OF SCHOOLING 01 GRADE 1 02 GRADE 2 03 GRADE 3 04 GRADE 4 05 GRADE 5 06 GRADE 6 07 GRADE 7 08 GRADE 8 09 GRADE 9 10 GRADE 10 11 GRADE 11 12 GRADE 12 13 NURSERY SCHOOL, PRE-SCHOOL (INCLUDING HEAD START) 14 KINDERGARTEN 15 SELF-CONTAINED SPECIAL EDUCATION CLASS (No equivalent grade level) 16 VOCATIONAL SCHOOL (See guidelines for definition) 17 COLLEGE UNDERGRADUATE FRESHMAN (1 ST Year) 18 COLLEGE UNDERGRADUATE SOPHMORE (2 nd Year) 19 COLLEGE UNDERGRADUATE JUNIOR (3 rd Year) 20 BACHELOR DEGREE 21 GRADUATE OR PROFESSIONAL SCHOOL (e.g., Master's, Doctoral, Medical or Law School) 97 UNKNOWN
FIELD NUMBER:	E-18

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FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (URS),TEDS, OBH

GUIDELINES:

For clients who attended school anytime in the past three months, record the current grade level.

For clients who have not attended school in the last three months, record the highest grade level completed. (See A-85 for school enrollment/attendance status).

‘Anytime in the past three months’ means at least one day of school attendance in the past three months, counting from the day the information is collected. For example, if the client is currently in the 6th grade, the grade level would be recorded as 06 (GRADE 6). If the client has completed high school, but has not had any college education; educational attainment would be recorded as 12.

‘School’ includes home-schooling, online education, alternative school, vocational school, or regular school. Vocational school includes: business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation.

If the individual never attended school, record this as 00.

Use code 12 (Grade 12) for clients who have completed high school or for clients who have attained a General Equivalency Degree (GED).

Use code 15 (Self-contained Special Education) for children in a special education class that does not have an equivalent school grade level.

If the number of school years completed is unknown, use code 97.

Educational level is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

The date of the most recent evaluation/re-evaluation of education status is reported using the **ED_LEVEL_UPDATE** data element (E-19).

EPISODE TABLE

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME:	ED_LEVEL_UPDATE
DEFINITION:	Date of the last evaluation/review of the client's years of educational attainment
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-19
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH

GUIDELINES:

This data element is used to indicate whether the education level reported in E-18 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME: **EMPL_ST**

DEFINITION: Specifies the client's current employment status

VALID ENTRIES:	1 DISABLED	The client is unable to pursue an occupation because of physical or mental impairment or the client has a physical or mental impairment that substantially limits one or more major life activities. <u>This data element is not to be used if the client has been certified as "disabled," but has another job.</u> See guidelines below.
	2 EMPLOYED FULL TIME	The client is regularly employed at least 35 hours per week.
	3 EMPLOYED PART TIME	The client is regularly employed, but for less than 35 hours per week.
	4 HOMEMAKER	The client's <u>primary</u> responsibility is to maintain a household.
	5 IN ARMED FORCES	The client is on active duty in the armed forces.
	6 IN HOSPITAL	The client is in a hospital or inpatient treatment facility.
	7 JAIL/PRISON/TRAINING INST	The client is out of the workforce because he/she is incarcerated in a jail, prison, or training institution.
	8 OCCASIONAL/SEASONAL WORKER	The client is employed only seasonally (Christmas, Thanksgiving, Easter, etc.) or occasionally (inventory, registration, etc.).
	9 OTHER	The employment status of the client is not appropriately described elsewhere.

EPISODE TABLE

10	RETIRED	The client has retired from active work.
11	SHELTERD/NON-COMPETITIVE EMPLOYMENT	The client is engaged in non-competitive employment (not on the open market) provided in a controlled work environment with long-term support from a community support program. Ex. sheltered workshops, job coaches, “friendship clubs”, or mobile work crews.
12	STUDENT OR PRESCHOOL CHILD	The client’s <u>primary</u> responsibility is attending school (elementary, high school, college), or client is a child under school age.
14	UNEMPLOYED (LOOKING)	The client has been unemployed but actively seeking employment In the past 30 days.
15	UNEMPLOYED (NOT LOOKING)	The client is currently unemployed but not seeking employment in the past 30 days.
16	UNEMPLOYED (LAYOFF)	The client is laid off but awaiting recall by previous employer in the past 30 days.
98	UNKNOWN	

FIELD NUMBER: E-20

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

Select the option that most accurately reflects the client’s current employment status.

Employment status is reported for all clients 16 years old and over who are in a non-institutional setting (prison, jail, detention center, hospital, inpatient facility).

Employment status is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

When the client is engaged in more than one activity (ex. student and PT work), the labor force activity takes precedence over the non-labor force activity. In this situation, report the labor force activity as EMPL_STATUS (E-20).

See below to identify labor force and non-labor force activities.

LABOR FORCE ACTIVITIES

- 2 EMPLOYED FULL TIME
- 3 EMPLOYED PART TIME
- 13 UNEMPLOYED (LOOKING)
- 15 UNEMPLOYED (LAYOFF)
- 8 OCCASIONAL/SEASONAL WORKER
(IF CURRENTLY WORKING)

NON-LABOR FORCE ACTIVITIES

- 1 DISABLED
- 4 HOMEMAKER
- 5 IN ARMED FORCES
- 6 IN HOSPITAL
- 7 JAIL/PRISON/TRAINING INST
- 9 OTHER
- 10 RETIRED
- 11 SHELTERD/NON-COMPETITIVE
EMPLOYMENT
- 12 STUDENT OR PRESCHOOL CHILD
- 14 UNEMPLOYED (NOT LOOKING)

The date of the most recent evaluation/re-evaluation of employment status is reported using the **EMPL_ST_UPDATE** data element (E-21).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME:	EMPL_STATUS_UPDATE
DEFINITION:	Specifies the date of the last review of the client's employment status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-21
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

This data element is used to indicate whether the employment status reported in E-18 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

EPISODE TABLE

VARIABLE NAME:	EPISODE_UID (Key)
DEFINITION:	A unique identifier that is assigned by the provider agency system to a specific episode of treatment for a specific client
VALID ENTRIES:	AN IDENTIFIER USING 1-12 DIGITS
FIELD NUMBER:	E-22
FIELD LENGTH:	12
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS, NOMS), TEDS, OBH

GUIDELINES:

All electronic health record systems used by provider organizations (ex. Local Governing Entities and their contracted agencies) must have the functionality to record an episode of care as defined by OBH. This variable is a key field used in all reporting.

For OBH reporting purposes, an episode of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge).

For persons who are seen but not admitted, the begin date is the date of first service and the end date of the episode will be the date of last contact.

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the provider organization, the MCO, and/or EBHR Vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific agency (clinic, facility, etc.) and service program across the provider organization/EBHR vendor or MCO.

Each episode of treatment for an individual client should have a unique episode identifier.

The treatment episode identifier is a key data element.

VARIABLE NAME:	FREQ_ATTEND
DEFINITION:	Specifies the client's frequency of attendance of self-help activities at 30 days prior to admission, last assessment, or discharge.
VALID ENTRIES:	1 NO ATTENDANCE IN THE PAST MONTH 2 1-3 TIMES IN THE PAST MONTH 3 4-7 TIMES IN THE PAST MONTH 4 8-15 TIMES IN THE PAST MONTH 5 16-30 TIMES IN THE PAST MONTH 6 SOME ATTENDANCE, BUT FREQUENCY UNKNOWN 7 NOT APPLICABLE- CLIENT NOT RECEIVING SA TREATMENT
FIELD NUMBER:	E-23
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

This applies to clients receiving substance abuse treatment, including persons with co-occurring disorders that are receiving both SA and MH treatment. For mental health clients without an addictive disorder, please enter 7- Not Applicable.

The frequency of attendance of self-help activities within the past 30 days is to be reported at admission, last assessment, and at discharge.

This variable will indicate the frequency of attendance of self-help activities at the most recent evaluation/re-evaluation. This includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance use disorders.

The date of the most recent evaluation/re-evaluation of this status is reported using the **FREQ_ATTEND_UPDATE** data element (E-23).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME:	FREQ_ATTEND_UPDATE
DEFINITION:	Indicates the date the client's frequency of attendance of self-help activities status was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	E-24
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

This applies to clients receiving substance abuse treatment, including persons with co-occurring disorders that are receiving both SA and MH treatment. For mental health clients without an addictive disorder, please leave blank.

Indicate the date of the most recent evaluation/re-evaluation of the client's frequency of attendance of self-help activities, regardless if there is a change in status. Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

EPISODE TABLE

VARIABLE NAME:	HSE_COMP		
DEFINITION:	Indicates the client's current household composition or living arrangements		
VALID ENTRIES:	01	ADULT ONLY	The client is an adult and lives alone
	02	ADULT (RELATIVES)	The client is an adult and lives with other family members (e.g., spouse, children, etc.)
	03	ADULT (NON-RELATIVES)	The client is an adult and does <u>not</u> live with family members (e.g., lives with friends, in an institutional environment, etc.)
	04	CHILD (BOTH PARENTS)	The client is a child and lives with <u>both</u> parents
	05	CHILD (ONE PARENT)	The client is a child and lives with only <u>one</u> of his/her parents
	06	CHILD (OTHER RELATIVE)	The client is a child and lives with family members other than his/her parents (e.g., lives with an uncle, aunt, grandparent, etc.)
	07	CHILD (FOSTER FAMILY)	The client is a child and lives in a foster care family
	08	CHILD (NON-RELATIVE)	The client is a child and does <u>not</u> live with family members (e.g., lives with friends, in an institutional setting, etc.)
	98	UNKNOWN	
FIELD NUMBER:	E-25		
FIELD LENGTH:	2		
FIELD TYPE:	Numeric		
FORMAT:	##		
PURPOSE:	BLOCK GRANT, OBH		

GUIDELINES:

NOTE: The following definitions apply to “parents” and “relatives:”

- **Parent:** A natural parent or an adult who is occupying a parental role to the client, such as an adoptive parent or an individual married to a natural parent (e.g., stepparent).
- **Relative:** An individual who is related to the client by kinship, marriage, or legal action (e.g., spouse, sibling, legal guardian, etc.).

EPISODE TABLE

VARIABLE NAME:	INTERVIEW_DT
DEFINITION:	Specifies the date of the initial interview/screening
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED WITH A ZERO
FIELD NUMBER:	E-26
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	OBH

GUIDELINES:

Enter the date the client was initially interviewed/screened as the two-digit month, two-digit day, and four-digit year, using the format MM/DD/YYYY.

VARIABLE NAME: **LEGAL_STATUS**

DEFINITION: Indicates the legal authorization by which the client is admitted for service

VALID ENTRIES:	1 EMERGENCY CERTIFICATION	Admission for service of a client by an emergency certificate executed by a physician or coroner. Emergency certification implies that the client is either (1) dangerous to self or others or (2) gravely disabled as a result of mental illness
	2 JUDICIAL	Admission for service which includes: (1) judicial commitment directly to the facility, (2) persons on judicial commitment to an inpatient facility who are on conditional discharge, and/or (3)
	3 NON-CONTESTED	Admission for service of a client who does not have the ability to make a knowing or voluntary consent, but who does not object to admission
	4 NONE	
	5 VOLUNTARY	Admission for service by consent of the client or the parent/guardian/curator of the client
	6 COURT ORDER DWI 1st or 2nd OFFENSE	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 1 st or 2 nd offense only.
	7 COURT ORDER/ NON-DWI/ DRUG COURT	Court referrals in which treatment is a condition of probation, parole, or drug court. For court referrals for DWI, use Court-DWI codes below.
	8 COURT ORDER DWI 3RD OFFENSE CONVICTION	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 3 rd offense only.

EPISODE TABLE

9	COURT ORDER DWI 4TH OFFENSE CONVICTION	Persons referred as a condition of probation or parole for Driving While Intoxicated (DWI) 4 th offense only.
10	DWI 3RD PENDING	Persons referred that has been charged with a 3 rd offense DWI but not convicted in accordance to Act 1163.
11	DWI 4TH PENDING	Persons referred that has been charged with a 4 th offense DWI but not convicted in accordance to Act 1163.

FIELD NUMBER: E-28

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: OBH

GUIDELINES:

Select the option that most accurately reflects the client's current legal status.

VARIABLE NAME:	MARITAL_STATUS	
DEFINITION:	Indicates the client's current marital status	
VALID ENTRIES:	1 NEVER MARRIED	The client has never married (either legal or "common law") or the client's only marriage(s) ended in annulment
	2 MARRIED	The client has been married <u>only once</u> and is now married to the same spouse (includes "common law" marriages and those living together as a married couple)
	4 SEPARATED	The client is married, but is currently living apart from (or has been deserted by) his/her spouse because of marital discord (includes informal as well as legal separations)
	5 DIVORCED	The client is legally divorced and has not remarried
	6 WIDOWED	The client's spouse is deceased and the client has not remarried
	7 UNKNOWN	The client's marital status is unknown
FIELD NUMBER:	E-29	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE:	TEDS, OBH	

GUIDELINES:

Select the option that most accurately reflects the client's current marital status.

Marital status is to be reported at admission, last assessment, and at discharge.

The date of the most recent evaluation/re-evaluation of employment status is reported using the **MARITAL_ST_UPDATE** data element (E-29).

VARIABLE NAME:	MARITAL_STATUS_UPDATE
DEFINITION:	Last date the user reviewed the client's marital status.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED WITH A ZERO
FIELD NUMBER:	E-30
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

Indicates the date the client's marital status was last evaluated, regardless if there is a change in status.

EPISODE TABLE

VARIABLE NAME:	METHADONE
DEFINITION:	Indicates whether the client is being admitted to a methadone program or if your facility is admitting the client in cooperation with a private methadone maintenance treatment program (e.g., whether methadone therapy is part of the client's treatment plan)
VALID ENTRIES:	1 YES 2 NO
FIELD NUMBER:	E-31
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	TEDS, OBH

GUIDELINES:

This information is collected only for clients receiving substance abuse treatment. If the client is receiving mental health treatment only, enter 2- No.

VARIABLE NAME:	SERV_PROGRAM (PROGRAM ELEMENT or LOC)		
DEFINITION:	Specifies the primary mode of treatment to which the client is admitted for a particular episode of care/treatment.		
VALID ENTRIES:	01 ACUTE UNIT	Acute care psychiatric inpatient units provide psychiatric, psychosocial, and medical services. These units address the need for inpatient treatment in a less restrictive, shorter term setting than in a longer term care psychiatric facilities.	
	03 CRISIS UNIT	Provides urgent and emergent diagnostic evaluations, crisis management and referral to a treatment program tailored to the individual.	
	06 HALFWAY/ ¾ HOUSE	24-hour non-acute care provided in a semi-structured environment which promotes ongoing recovery and transition to independent living with a long-term anticipated level of stay (>30 days).	
	07 INPATIENT/PSYCHIATRIC HOSPITAL	24-hour non-acute inpatient care in a freestanding facility that provides services to persons in need of intermediate or long-term psychiatric inpatient care (ex. intermediate psychiatric inpatient units and forensic inpatient units) including psychiatric, nursing, psychological, psychosocial, and rehabilitative services.	
	08 INTENSIVE OUTPATIENT	The client is receiving treatment at least (9) nine hours per week on three or more days per week typically provided in a clinic setting.	

09	MEDICAL DETOX/ HOSPITAL SETTING (24- Hour)	A hospital detoxification with full medical support which provides immediate acute care associated with medical problems and withdrawal.
10	MEDICALLY SUPPORTED DETOX/ NON-HOSPITAL	Care in a free standing facility which provides 24-hour nursing coverage with the ability to dispense medications as deemed appropriate by the physician.
12	OUTPATIENT	Ambulatory treatment services which are typically three hours or less in length, including individual, family or group services; these may include pharmacological therapies.
13	PARTIAL CARE/DAY TREATMENT	A time-limited, structured program of psychotherapy and other therapeutic services specifically designed for persons in need of intensive mental health treatment as an alternative to inpatient hospitalization or as an option following inpatient hospitalization. Services are provided a minimum of four hours per day at least two days per week and are typically provided in the MH clinic.
14	RECOVERY HOME	A 24-hour non-treatment setting which provides supportive “permanent” living, which is governed by recovering residents.
15	REHAB/RESIDENTIAL LONG TERM (>30 DAYS)	Residential treatment services for alcohol or drug abuse/dependency where the client receives 24-hour non-acute inpatient care in a freestanding facility providing no medical coverage on site with a long-term anticipated level of stay (>30 days).

EPISODE TABLE

16	SOCIAL DETOXIFICATION	24-hour services in a non-hospital setting providing safe withdrawal and transition to ongoing treatment.
18	THERAPEUTIC COMMUNITY-STRUCTURED- LONG TERM	24-hour non-acute care provided in a very structured program with an emphasis on peer support and social environment to foster change that provides a long-term anticipated level of stay of 6-24 months.
19	TRANSITIONAL LIVING FACILITY	Residential treatment services designed to assist the client with transitioning to living independently or to less intensive residential care.
20	INPATIENT SA ADULT SHORT-TERM (<30 DAYS)	24-hour non-acute care for persons age 18 and older provided in a free standing setting.
21	INPATIENT SA ADOLESCENT LONG-TERM (>30 DAYS)	24-hour non-acute care for persons age 12-17 provided in a free standing setting.

FIELD NUMBER: E-32

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (SAPT,NOMS), TEDS, OBH

GUIDELINES:

This is a KEY field. Enter the code that indicates the primary mode of treatment to which the client is seen or admitted for a particular episode of care/treatment.

Missing or invalid data may result in the omission of the client record for TEDS and Block Grant reporting.

VARIABLE NAME:	PREGNANT	
DEFINITION:	Indicates whether the client is pregnant at the time of admission	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	E-33	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE:	TEDS, OBH	

GUIDELINES:

VARIABLE NAME:	PRIMARY_TARGET_GROUP	
DEFINITION:	Indicates the primary target group for the client at the time of admission	
VALID ENTRIES:	1 MENTAL HEALTH	Use when a client is being treated for a mental health disorder and has a mental health diagnosis.
	2 SUBSTANCE ABUSE	Use when a client is being treated for a substance abuse disorder and has a substance abuse diagnosis.
	3 CO-OCCURRING	Use when a client is being treated for a mental health and substance abuse disorder; and has a mental health and a substance abuse diagnosis.
FIELD NUMBER:	E-34	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH	

GUIDELINES:

This data element is used to flag the client's primary treatment group based on the type of treatment the client is receiving during a particular episode of treatment/service rather than being solely based on the client's diagnosis.

For example, some clients may have a mental health and a substance abuse diagnosis but your clinic/facility may only be treating the client for only the mental health disorder. In this situation, the primary group is 1- MENTAL HEALTH (and vice versa if the client is being treated for only the substance abuse disorder).

If in the above situation, if the client is being treated for both the mental health and substance abuse disorder, the primary target group is 3- CO-OCCURRING.

It is very important that this field is recorded correctly. It is used for all reporting.

VARIABLE NAME:	PRIOR_MH (SA ONLY)	
DEFINITION:	Indicates if the client has ever received prior treatment service for psychiatric and/or emotional disorders.	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	E-37	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE:	TEDS, OBH	

GUIDELINES:

This data element is required for persons receiving SA treatment. This information is collected at the time of admission to treatment based on treatment records (when available) or client self-report.

EPISODE TABLE

VARIABLE NAME: **PRIOR_TX_EPISODES**

DEFINITION: Indicates the number of previous substance abuse treatment episodes at the time of admission to treatment

VALID ENTRIES:	00	0 episodes
	01	1 episodes
	02	2 episodes
	03	3 episodes
	04	4 episodes
	05	5 episodes
	06	6 episodes
	07	7 episodes
	08	8 episodes
	09	9+ episodes
	97	UNKNOWN

FIELD NUMBER: E-38

FIELD LENGTH: 2

FIELD TYPE: Integer

FORMAT: ##

PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for persons receiving SA treatment.

This information is to be collected at the time of admission to treatment. Select the number if prior admissions to any program for the treatment of addictive disorders reported by the client, regardless of whether the program was operated by the state behavioral health authority (OBH-AD).

If you know the client has been in treatment before, but you or the client does not know how many times, give your best estimate based on client interview or record information. Enter "Unknown" only if you are unable to determine if the client has been in treatment previously.

VARIABLE NAME: **PROGRAM_TYPE**

DEFINITION: Specifies a set of services within a clinic, facility, or community-based program.

VALID ENTRIES:

01	ADULT RESPITE SERVICES
02	ASSERTIVE COMMUNITY TX (ACT)-EBP
03	CASE MANAGEMENT SERVICES
04	COGNITIVE BEHAVIOR THERAPY
05	CONSUMER OPERATED SERVICES
06	CRISIS INTERVENTION SERVICES/CART
07	DIALECTICAL BEHAVIORAL THERAPY
08	DROP IN CENTER/RESOURCE EDUCATION CENTER
10	FAMILY PSYCHO-EDUCATION-EBP
11	FAMILY SUPPORT SERVICES
12	FORENSIC ACT
13	FUNCTIONAL FAMILY THERAPY-EBP
14	HOMELESS OUTREACH TEAM SERVICES
15	ILLNESS MGMT./RECOVERY-EBP
16	INTEGR. TX CO-OCCUR DISORDER-EBP
17	INTENSIVE CASE MANAGEMENT
18	MEDICATION MANAGEMENT ONLY
19	MEDICATION MANAGEMENT-EBP
20	MENTORING
21	MULTISYSTEMIC THERAPY EBP
22	OTHER HOUSING SERVICES
23	PEER SUPPORT SERVICES
24	PSYCHO-SOCIAL SKILLS TRAINING

25	RESPITE SERVICES
26	SCHOOL BASED MH SERVICES
27	SUPPORTED EDUCATION
28	SUPPORTED EMPLOYMENT- <i>EBP</i>
29	SUPPORTED HOUSING
30	SUPPORTED HOUSING- <i>EBP</i>
31	THERAPEUTIC FOSTER CARE- <i>EBP</i>
32	NONE

FIELD NUMBER: E-40

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (URS TABLES),OBH

GUIDELINES:

This data element is used to report Evidence-Based Practices (EBP's) and programs that are like an Evidence-Based Practice but may not meet all criteria of the Evidenced-Based Practice. These Evidenced-Based-like programs should be reported as such. For example, use code 29- **SUPPORTED HOUSING** for supported housing programs that do not meet all criteria of the Evidence-Based Practice. Use code 30- **SUPPORTED HOUSING-EBP** for supported housing programs that do meet all criteria for the Evidence-Based Practice.

Please see the CMHS Uniform Reporting System (URS) Table Instructions published by NRI Inc. for definitions and guidelines for reporting Evidence-based Practices to determine whether the activities being reported conform to the definition of an evidence-based practice.

Not all of the above listed services are EBP's. When the activities being reported conform to the definition of an evidence-based practice, please choose the EBP category.

The intent of this data element is to obtain information to indicate how the state is doing in moving forward with implementation of the evidence-based form of the practice.

VARIABLE NAME: **REF_SRCE**

DEFINITION: Identifies the source of the client's referral.

VALID ENTRIES:	01	BUREAU OF PRISONS / FEDERAL PROBATION & PAROLE	Any referrals from the Federal Bureau of Prisons including Federal Probation and Parole.
	02	CHILD/ADULT PROTECTION PROGRAM	Child/Adult Protection Program referrals from Office of Community Services, Battered Women's programs, or other similar, protection/help service.
	03	CLERGY	The client decided to come to this clinic based upon the advice and/or recommendation of a member of the clergy.
	04	CORONER/OPC/PEC/LEGAL	Individuals referred by the parish coroner, including Coroner's Emergency Commitment or a private physician, including P.E.C.
	05	COURT/CRIM JUSTICE- CITY/PARISH	Juvenile or Adult - Individuals referred from City/Parish Courts, designated family or their agents (may include probation officers, attorneys, or judges).
	06	COURT/CRIM JUSTICE- STATE	Juvenile or Adult - Individuals referred from Louisiana training institutes, Division of Youth Services, Juvenile Reception and Diagnostic Center, District Courts when sitting as juvenile courts, District Courts or their agents, the Department of Public Safety and Corrections and the Parole Board. This includes Probation and Parole Officers, Attorneys, and other officers of these courts and District Attorneys. Use category 'DUI/DWI' if referred by the courts

		subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).
07	DIVERSIONARY PROGRAM	Direct referral from a Diversionary Program.
08	DRUG COURT	Direct referral from a Drug Court Program
09	DUI / DWI	The client was referred to this clinic by the courts subsequent to being charged with Driving While Intoxicated (DWI) or Driving Under the Influence (DUI).
11	EMPLOYER/EAP	Referrals from or through a formal or informal employee assistance program. Any referrals from employers and supervisors.
12	FAMILY/ FRIEND	The client decided to come to this clinic based on the advice or recommendation of family and/or friends or any other individual that is not listed in any other category.
13	FITAP	Family in Need of Temporary Assistance Program, a program within the Office of Family Support (these individuals receive financial assistance formerly known as AFDC, welfare etc.).
14	GAMBLING TX REFERRAL PROGRAM	This source of referral should only be used for the Gambling Treatment Referral Program (referrals received from the District Attorney's Office).
15	GENERAL HOSPITAL	The client was referred to this clinic by a general hospital.
17	INPATIENT PSYCHIATRIC FACILITY	The client was referred to this clinic by an inpatient psychiatric facility.

19	INPATIENT SA FACILITY	The client was referred to this clinic by an inpatient substance abuse program/facility.
23	NURSING HOME/EXTENDED CARE	The client was referred to this clinic by a private nursing home or an extended care facility. (State-run facilities are reported using E-43).
24	OCS/NON-TANF	Use this category when the individual was referred by Office of Community Services but <u>does not</u> meet TANF eligibility
25	OCS/TANF	Use this category when the client was referred by Office of Community Services and qualifies for TANF eligibility.
26	OTHER PRIVATE PHYSICIAN	The client was referred by a physician in private practice.
27	OTHER SOURCE OF REFERRAL	A source of referral not covered by another category.
28	OTHER STATE AGENCY	The client was referred to this clinic by a state agency or facility. NOTE: complete E41- to specify which agency or facility.
34	PRIVATE MH PRACTITIONER	The client was referred to this clinic by a mental health practitioner, such as psychologist or social worker, who is in private practice.
35	PRIVATE PSYCHIATRIST	The client was referred to this clinic by a licensed psychiatrist who is in private practice.
36	SCHOOL/EDUCATION PROGRAM	The client was referred to this clinic by a school or education agency or program (e.g., school system psychologist, principal, counselor, teacher, etc.).

EPISODE TABLE

37	SELF	The client decided on his/her own volition to come to this clinic.
38	SHELTER FOR HOMELESS/ABUSED	The client was referred to this facility by a shelter for the homeless and/or abused.
39	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	Use this category for TANF eligible individuals that present for treatment services, but are not referred from a OFS/OCS screening and assessment site <i>(these individuals do not receive financial assistance from DSS, but qualify for all other TANF services i.e., childcare assistance, food stamps, Medicaid etc.)</i> .
41	TANF-RESIDENTIAL WOMEN AND DEPENDENT CHILDREN PROGRAM	Use this category for any woman who qualifies for Temporary Assistance for Needy Families funding and is in a women and dependent children residential treatment program.
42	OUTPATIENT MENTAL HEALTH FACILITY/CLINIC	The client was referred from Community Mental Health or private MH outpatient facilities.
43	OUTPATIENT SA	The client was referred to this clinic by an outpatient substance abuse program/facility.
98	UNKNOWN	

FIELD NUMBER: E-42
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: TEDS, OBH

GUIDELINES:

Select the most appropriate and descriptive referral source from the available options.

If a client was referred by more than one source, determine which of these you believe to be the primary referral source or most important one to record. For instance, if a client was referred both by his/her personal physician and by a probation officer, select the latter as the referral source since a probation officer is likely to require reports relative to compliance.

If a probation officer or other legal entity referred the client, this will affect the client's legal status regardless of whom else may have referred the client to service.

If a client was referred both by a drug court and by TANF, enter the one that is paying for the client's treatment since that will be the most important one to track for billing purposes.

VARIABLE NAME: RES_TYPE

DEFINITION: Identifies the type of residence where the client resides.

VALID ENTRIES:	3	PRIVATE RESIDENCE-DEPENDENT LIVING	<u>FOR ADULTS ONLY.</u> Client lives in a house, apartment, or other similar dwellings and are heavily dependent on others for assistance in living in this situation.
	4	GROUP HOME, HALFWAY HOUSE, REHABILITATION CENTER	The client resides in a group home, halfway house, or rehabilitation center as part of a supervised residential program designed to meet special needs (including SA residential programs).
	5	HOMELESS/SHELTER	The client's residence is primarily transient (for example, a camper trailer or motor home) or the client has no fixed address; includes living in a shelter, mission, car, on the street, temporary living quarters, or in a place that is limited/short-term stay (24/hr. unit or shelter).
	6	HOSPITAL	The client is in a medical or psychiatric hospital.
	7	PRIVATE RESIDENCE-INDEPENDENT LIVING	<u>FOR ADULTS ONLY.</u> Client is living in a private residence and is capable of self-care. Includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness or substance abuse. They may live with friends, a spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.

EPISODE TABLE

8	JAIL/PRISON/TRAINING INST.	Client resides in a jail, correctional facility, and/or training institute with care provided 24-hrs, 7 days a week.
9	NO PERMANENT RESIDENCE	The client's residence is primarily transient (for example, a camper trailer or motor home) or the client may live "on the street". Includes clients living in a shelter, mission, or temporary living quarters or in a place that is limited/short-term stay.
10	NURSING HOME OR INTERMEDIATE CARE FACILITY	The client is in a nursing home or intermediate care facility.
11	OTHER QUARTERS	The client's residence is not appropriately described elsewhere (e.g., military barracks, dormitory, fraternity, sorority, etc.).
12	RESIDENTIAL HOTEL	The client lives in a residential hotel or other type of boarding house arrangement, or rents a single room in someone's house.
16	WITH FAMILY/ EXTENDED FAMILY OR NON-RELATIVE	<u>FOR CHILDREN AND ADOLESCENTS ONLY.</u> Client lives in a private residence with family/ extended family or non-relative.
17	FOSTER HOME/ FOSTER CARE	The client lives in a home licensed by a county or State department to provide foster care
98	UNKNOWN	

FIELD NUMBER: E-43

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

Select the option that most accurately reflects the client's current living situation. All provider organizations or the MCO are to report the NOMS/BLOCK GRANT categories of Dependent and Independent Living for clients living in a Private Residence (house, apartment, or other similar dwellings) as indicated by Code 3, 7, or 16.

Living situation/residential status is reported at admission, at last assessment/re-assessment (evaluation/re-evaluation) and at discharge.

The date of the most recent evaluation/re-evaluation of residential status is reported using the **RES_TYPE_UPDATE** data element (E-44).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME:	RES_TYPE_UPDATE
DEFINITION:	Specifies the date of the last review of the client's residential status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-44
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

Enter the data of the most recent status review.

This data element is used to indicate whether the residential status reported in E-45 is indeed an update (i.e. status re-assessed by staff). An update does not necessarily represent a different value but it should represent the value as of the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

VARIABLE NAME:	TERMTYPE
DEFINITION:	Indicates the reason for client treatment termination
VALID ENTRIES:	1 ADMINISTRATIVELY DISCHARGED (see guidelines below) 2 APPROPRIATE SERVICES NOT AVAIL, CLIENT REFERRED ELSEWHERE BUT REJECTED 3 APPROPRIATE SERVICES NOT AVAILABLE, CLIENT REFERRED ELSEWHERE 4 CLIENT DID NOT FOLLOW-UP FOR AFTERCARE APPOINTMENT 5 CLIENT DID NOT KEEP FOLLOW-UP APPOINTMENT(S) 6 CLIENT DIED 7 CLIENT INCARCERATED, NOT AVAILABLE FOR TREATMENT 8 CLIENT LEFT TX PRIOR TO COMPLETION; FURTHER TX NEEDED, REJECTED BY CT 9 CLIENT MOVED, CONTACT N/A 10 CLIENT REFERRED ELSEWHERE 11 COMPLETED PROGRAM, NO FURTHER TX REQUIRED 12 COMPLETED TX, CLIENT REFERRED TO NEXT LOC 13 COMPLETED TX, CLIENT REFERRED TO NEXT LOC, BUT REJECTED BY CT 15 DISCHARGED - COURT ORDER 16 NO FURTHER TREATMENT NEEDED/APPROPRIATE REFERRAL NOT AVAILABLE 18 TREATMENT INTERRUPTED DUE TO NATURAL DISASTER 19 CLIENT LOST TO CONTACT 20 NO FURTHER TREATMENT NEEDED IN FACILITY/REFERRED ELSEWHERE
FIELD NUMBER:	E-45
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH
GUIDELINES:	(see next page)

Enter the 2-digit code that best describes the circumstances at the time of treatment termination/discharge.

When the client has not received a service for an extended length of time, the client is administratively discharged and the case file is closed and is removed from the active client caseload.

Thresholds for length of time are as follows:

MH clients- no service within the past nine (9) months; case is to be closed and removed from the active client caseload.

AD clients- no service within the past ninety (90) days; case is to be closed and removed from the active client caseload.

VARIABLE NAME:	MCO_AGENCY_MIS	
DEFINITION:	Unique provider agency clinic/site identifier assigned by the MCO.	
VALID ENTRIES:	MIS#	Please contact the MCO for assigned numbers
FIELD NUMBER:	E-49	
FIELD LENGTH:	9	
FIELD TYPE:	Numeric	
FORMAT:	#####	
PURPOSE:	OBH	

GUIDELINES:

The MCO MIS code is a unique identifier assigned by the MCO to every provider agency physical address and to groups.

EPISODE TABLE

VARIABLE NAME:	MCO_PROVIDER_NAME
DEFINITION:	The name of the provider agency/clinic/site associated with a particular unique Provider Agency MIS
VALID ENTRIES:	<u>AGENCY NAME</u>
FIELD NUMBER:	E-50
FIELD LENGTH:	33
FIELD TYPE:	Character
FORMAT:	CC
PURPOSE:	OBH

GUIDELINES:

The SMO PROVIDER NAME is the description for agency/clinic located at the physical address or group assigned the MCO Agency MIS.

VARIABLE NAME:	START_DATE
DEFINITION:	The date the client first presents for treatment
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-51
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (NOMS), TEDS, OBH

GUIDELINES:

Enter the date the client first presents for treatment.

This data element is used in the context of an episode of care. An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge).

The client does not have to be admitted to have a START DATE.

See E-52 CLOSE_DATE for information regarding the CLOSE DATE of an episode of care for a person seen but not admitted.

VARIABLE NAME:	CLOSE_DATE
DEFINITION:	The date the client case is closed and the client is no longer in treatment. This may be the discharge date or date of last contact as indicated in guidelines below.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. MONTHS AND DAYS 1-9 MUST BE PRECEDED BY A ZERO.
FIELD NUMBER:	E-52
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the date the client case is closed.

This data element is used in the context of an episode of care. An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge).

Please note: for cases in which the client leaves treatment against facility/medical advice or drops out, the client must be formally discharged before considerable time has elapsed.

A treatment episode has ended when an inpatient or residential client has not been seen for 3 days. Considering the short-term nature of outpatient substance abuse treatment, for persons receiving SA treatment, the treatment episode has ended when the client has not been seen for 90 days. For persons receiving outpatient mental health treatment, the treatment episode has ended when the client has not been seen for 9 months. In all situations, the case must be closed (administrative discharge) and a CLOSE_DATE must be recorded.

For persons who are seen but not admitted, the close date of the episode will be the date of the last contact and the date of discharge is blank.

For persons who drop out of service before completing treatment (leaves against facility advice, drops out, etc.), the close date of the episode will be the date of administrative discharge.

The date of last contact cannot be greater than the close date.

VARIABLE NAME:	WOMAN_DEP		
DEFINITION:	Indicates whether the client is a woman with dependent children at the time of admission, re-assessment, or discharge		
VALID ENTRIES:	1	YES	
	2	NO	
	3	NOT APPLICABLE	Male client
FIELD NUMBER:	E-53		
FIELD LENGTH:	1		
FIELD TYPE:	Numeric		
FORMAT:	#		
PURPOSE:	BLOCK GRANT (priority population), OBH		

GUIDELINES: Required for women receiving substance abuse treatment. A dependent child is defined as a minor child under the age of 17 who relies on the care of a parent or guardian and is living with the client.

EPISODE TABLE

VARIABLE NAME:	NUM_DEP
DEFINITION:	Indicates the number of dependent children at the time of admission, re-assessment, or discharge
VALID ENTRIES:	0 - 25
FIELD NUMBER:	E-54
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT, OBH

GUIDELINES: Enter the number of minor children (any child under the age of 17 that relies on the care of a parent or guardian) who are living with the client.

VARIABLE NAME:	REGION
DEFINITION:	Identifies the Local Governing Entity (LGE) providing services to the client. See guidelines below for important information.
VALID ENTRIES:	2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA) 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD) 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA) 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD) 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD) 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA) 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA) 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA) 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)
FIELD NUMBER:	E-55
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana.

[END EPISODE DATA SET]

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ASSESSMENT TABLE DATA SET

ASSESSMENT DATA SET**Scope**

The assessment data set is comprised of information relative to the client's assessment/evaluation records, such as diagnosis and current problem. This section of the data dictionary defines the standards for the components of the assessment data set.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

EPISODE_UID

Tables also contain key fields used for the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Most fields in the OBH Client-level Data Manual are required for TEDS and Block Grant reporting and missing data in certain fields will result in the omission of the client record from TEDS and block grant reporting. The following fields are included:

ASSESS_DATE

DX_PRIMARY

DX_SEC

SP_SMI

SP_DATE

For SA Reporting- In addition to the above mentioned fields, the following SA fields are included:

DRUG_1

DRUG_1_UPDATE

DRUG_1_AGE

DRUG_1_FREQ

DRUG_1_FREQ_UPDATE

Continued on next page

DRUG_1_RTE

DRUG_1_RTE_UPDATE

DRUG_2

DRUG_2_UPDATE

DRUG_2_AGE

DRUG_2_FREQ

DRUG_2_FREQ_UPDATE

DRUG_2_RTE

DRUG_2_RTE_UPDATE

DRUG_3

DRUG_3_UPDATE

DRUG_3_AGE

DRUG_3_FREQ

DRUG_3_FREQ_UPDATE

DRUG_3_RTE

DRUG_3_RTE_UPDATE

ASSESSMENT TABLE

VARIABLE NAME:	ARRESTS
DEFINITION:	Indicates the number of times the client was arrested in the past 30 days.
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-01
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS, NOMS), TEDS

GUIDELINES:

The number of arrests within the past 30 days is to be reported at admission, last assessment/evaluation, and at discharge.

This variable will indicate the number of arrests at the most recent evaluation/re-evaluation.

The date of the most recent evaluation/re-evaluation of arrests status is reported using the **ARRESTS_UPDATE** data element (A-02).

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	ARRESTS_UPDATE
DEFINITION:	Indicates the date the arrest status was re-evaluated, regardless if there is a change in status
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-02
FIELD LENGTH:	10
FIELD TYPE:	Numeric
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS,NOMS),TEDS

GUIDELINES:

This data element is used to indicate whether the arrests status reported in A-01 is indeed an update. An update does not necessarily represent a different value but it should signify as the most recent status review.

Missing or invalid data may result in the omission of the client record when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	ASSESS_DT
DEFINITION:	Indicates the date of the client's last assessment/evaluation.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-03
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS, NOMS) TEDS, OBH

GUIDELINES:

An assessment/evaluation is defined as a standard set of questions used to determine the client's current problem and need for services.

An assessment/evaluation may occur throughout the course of treatment i.e. at admission, treatment update, and discharge.

The ASSESS_DT is the date of the last assessment/evaluation.

This data element is used to calculate values for state and federal reporting.

ASSESSMENT TABLE

VARIABLE NAME:	ASSESS_TYPE		
DEFINITION:	Identifies the type of assessment provided.		
VALID ENTRIES:	1	INITIAL	The initial assessment is the first, substantive, face-to-face interaction between an individual and a member(s) of the clinic's clinical/therapeutic staff. See guidelines below for further information.
	2	UPDATE	An update is a reassessment, re-evaluation, treatment plan update, or some other type of case review. See guidelines below for update requirements.
	3	DISCHARGE	An assessment done at the time of discharge, generally as part of the discharge summary. A discharge represents the closure of an episode of service; either due to completion of treatment at a single facility during an episode of service or a prolonged lack of contact/service. See guidelines below for additional information.
FIELD NUMBER:	A-07		
FIELD LENGTH:	1		
FIELD TYPE:	NUMERIC		
FORMAT:	#		
PURPOSE:	BLOCK GRANT, TEDS, OBH		

GUIDELINES:

Information recorded must be from an actual review of the client's progress and case record. Information from previous assessments cannot be brought forward and considered an update.

INITIAL ASSESSMENT:

The intake process usually involves one or more assessments and if applicable, a psychiatric evaluation. Examples of an initial assessment include:

- A clinical interview to assess an individual's problems and to determine the need for further behavioral health care service or referral

- Provision of a specific professional service (e.g., psychosocial assessment, psychological evaluation, psychiatric evaluation, Addiction Severity Index assessment).

Administration of the Level of Care Utilization System (LOCUS) instrument alone is not considered an initial assessment/evaluation for the purpose of this variable.

UPDATE ASSESSMENT:

The information in the electronic record system represents the status of the client at a point in time. That point in time is only as current as the last update made by clinic staff. In order to keep the record current with the most recent information, OBH recommends that updated data be reviewed and entered, as necessary. However, in order to meet federal reporting requirements, certain clinical and outcomes information is required and must be reviewed and updated on a prescribed basis as follows:

Addictive Disorders

An **update** is defined as the *quarterly* update of information about an active client. An active client is defined as someone receiving services within the three month period prior to the quarterly update. For example, a client admitted on July 13, 2012, who last received services on April 15, 2013 and has not yet been discharged, would be considered active on a quarterly update occurring July 13, 2013.

Mental Health

An **update** is defined as the *annual* update of information about active clients. A post-admission annual update is required for all active clients. An active client is defined as someone receiving services within the six month period prior to the annual update. For example, a client admitted on July 13, 2012, who last received services on February 14, 2013 and has not yet been discharged, would be considered active on an annual update occurring July 13, 2013. In this example, the annual update is due no later than July 13, 2013.

Co-Occurring Disorders

For individuals receiving both addictive disorders and mental health treatment, please follow the guidelines above for Mental Health updates.

DISCHARGE ASSESSMENT:

A discharge represents the closure of an episode of service; either due to completion of treatment at a single facility during an episode of service or a prolonged lack of contact/service.

A Discharge Assessment/Review is to be completed at the time of discharge. Information recorded must be from an actual review of the client's case/status and must be current; therefore, information from previous assessments/reviews cannot be brought forward. If the client has not been seen for some time (more than 6 months), such as a discharge due to loss of contact or the client has left against medical advice, there is no need for a discharge assessment/review.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_I_2
DEFINITION:	To record an additional Axis I diagnosis in addition to the primary and/or secondary diagnosis
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-08
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this variable to record an Axis I diagnosis when the diagnosis is not already recorded as the primary diagnosis (A-77) and/or the secondary diagnosis (A-78).

If the client does not have an additional Axis I diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_I_3
DEFINITION:	To record an additional Axis I diagnosis
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-09
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this variable to record an Axis I diagnosis when the diagnosis is not already recorded as the primary diagnosis (A-77), secondary diagnosis (A-78), or recorded in field A-08.

If the client does not have an additional Axis I diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_I_4
DEFINITION:	To record an additional Axis I diagnosis
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-10
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this variable to record an Axis I diagnosis when the diagnosis is not already recorded as the primary diagnosis (A-77), secondary diagnosis (A-78), or recorded in field A-08 or A-09.

If the client does not have an additional Axis I diagnosis to record, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_II_2
DEFINITION:	To record an Axis II diagnosis
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-11
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this variable to record an Axis II diagnosis when the diagnosis is not already recorded as the primary diagnosis (A-77) or secondary diagnosis (A-78).

If the client does not have an Axis II diagnosis or does not have an additional Axis II diagnosis, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

VARIABLE NAME:	AXIS_II_3
DEFINITION:	To record an additional Axis-II diagnosis
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-12
FIELD LENGTH:	8
FIELD TYPE:	Character
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this variable to record an Axis II diagnosis when the diagnosis is not already recorded as the primary diagnosis (A-77), the secondary diagnosis (A-78), or in field A-11.

If the client does not have an additional Axis II diagnosis, leave blank.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_III_1
DEFINITION:	To record an Axis-III diagnosis
VALID ENTRIES:	UP TO 60 CHARACTERS
FIELD NUMBER:	A-13
FIELD LENGTH:	60
FIELD TYPE:	Character
FORMAT:	CCCCC.....
PURPOSE:	OBH

GUIDELINES:

This variable is used to record a general medical condition.

Valid entries can have up to 60 characters.

If the client does not have an Axis III diagnosis, leave blank.

If Axis III diagnosis is not collected, leave blank and please explain in the agency data crosswalk.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_III_2
DEFINITION:	To record an Axis-III diagnosis
VALID ENTRIES:	UP TO 60 CHARACTERS
FIELD NUMBER:	A-14
FIELD LENGTH:	60
FIELD TYPE:	Character
FORMAT:	CCCCC.....
PURPOSE:	OBH

GUIDELINES:

This variable is used to record an additional general medical condition.

Valid entries can have up to 60 characters.

If the client does not have an additional Axis III diagnosis, leave blank.

If Axis III diagnosis is not collected, leave blank and please explain in the agency data crosswalk.

ASSESSMENT TABLE

VARIABLE NAME:	AXIS_III_3
DEFINITION:	To record an Axis-III diagnosis
VALID ENTRIES:	UP TO 60 CHARACTERS
FIELD NUMBER:	A-15
FIELD LENGTH:	60
FIELD TYPE:	Character
FORMAT:	CCCCC.....
PURPOSE:	OBH

GUIDELINES:

This variable is used to record an additional general medical condition.

Valid entries can have up to 60 characters.

If the client does not have an additional Axis III diagnosis, leave blank.

If Axis III diagnosis is not collected, leave blank and please explain in the agency data crosswalk.

VARIABLE NAME:	AXIS_III_4
DEFINITION:	To record an Axis-III diagnosis
VALID ENTRIES:	UP TO 60 CHARACTERS
FIELD NUMBER:	A-16
FIELD LENGTH:	60
FIELD TYPE:	Character
FORMAT:	CCCCC.....
PURPOSE:	OBH

GUIDELINES:

This variable is used to record an additional general medical condition.

Valid entries can have up to 60 characters.

If the client does not have an additional Axis III diagnosis, leave blank.

If Axis III diagnosis is not collected, leave blank and please explain in the agency data crosswalk.

VARIABLE NAME:	AXIS_III_5
DEFINITION:	To record an Axis-III diagnosis
VALID ENTRIES:	UP TO 60 CHARACTERS
FIELD NUMBER:	A-17
FIELD LENGTH:	60
FIELD TYPE:	Character
FORMAT:	CCCCC.....
PURPOSE:	OBH

GUIDELINES:

This variable is used to record an additional general medical condition.

Valid entries can have up to 60 characters.

If the client does not have an additional Axis III diagnosis, leave blank.

If Axis III diagnosis is not collected, leave blank and please explain in the agency data crosswalk.

ASSESSMENT TABLE

VARIABLE NAME:	CP_ALCOHOL
DEFINITION:	Current problem: alcohol use
VALID ENTRIES:	1 YES 0 NO
FIELD NUMBER:	A-27
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Use this field to indicate whether or not the client has an alcohol problem. A alcohol problem is different from an addictive disorder in that client symptomology may not meet the diagnostic criteria of an addictive disorder.

This field is used for mental health Block Grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	CP_DRUGS
DEFINITION:	Current problem: drug use
VALID ENTRIES:	1 YES 0 NO
FIELD NUMBER:	A-29
FIELD LENGTH:	1
FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	BLOCK GRANT (URS), OBH

GUIDELINES:

Use this field to indicate whether or not the client has a drug problem. A drug problem is different from an addictive disorder in that client symptomology may not meet the diagnostic criteria of an addictive disorder.

This field is used for mental health Block Grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_1	
DEFINITION:	Indicates a physical or mental impairment or disability observed in the client.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

ASSESSMENT TABLE

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized

ASSESSMENT TABLE

by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-44
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: OBH

GUIDELINES:

Use this field to indicate whether or not the client has any physical or mental impairments or disabilities.

Agencies/clinics are allowed to report up to 5 impairments/disabilities using fields A-44 through A-48.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_2	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized

ASSESSMENT TABLE

by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-45
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_3	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44 or A-45.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

ASSESSMENT TABLE

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized

ASSESSMENT TABLE

by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-46
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44 and A-45.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_4	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44, A-45, or A-46.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.
	05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug

ASSESSMENT TABLE

	use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.
13 TUBERCULOSIS	The client has a highly variable communicable disease of humans and some other vertebrates characterized

ASSESSMENT TABLE

by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-47
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44, A-45, and A-46.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DISABILITY_5	
DEFINITION:	Identifies an additional physical or mental impairment/disability observed in the client not already identified by A-44, A-45, A-46 or A-47.	
VALID ENTRIES:	01 AMPUTEE	The client has one or more of his/her limbs (e.g. arms or legs) cut off whether by surgery or accidentally.
	02 ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY	The client has a condition often of allergic origin that is marked by continuous or paroxysmal labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping.
	03 DEVELOPMENT DISABILITY	The client has a severe, chronic disability that is attributable to a mental or physical impairment or combination thereof; is manifested before age 22; is likely to continue indefinitely; results in substantial limitation in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency; and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
	04 HEARING IMPAIRED	The client has some form of damage or diminishing of his/her hearing or ability to hear and may or may not be totally deaf.

05 HEPATITIS C	The client has a form of liver disease usually transmitted through illicit drug use, blood transfusion, blood, or blood products.
06 HIV DISEASE	The client has any form of the viruses that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.
07 LANGUAGE DISORDER	Speech impairments resulting from a physical or psychological condition that seriously interferes with the development, formation, or expression of language.
08 NONE/NO IMPAIRMENTS	The client has no other impairments.
09 NOT AMBULATORY WITHOUT WHEELCHAIR OR WALKER	The client is unable to walk without a wheelchair or a walker.
10 ORTHOPEDICALLY IMPAIRED	Includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and amputations and fractures or burns that cause contractures.
11 OTHER SERIOUS OR CHRONIC HEALTH CONDITION	Any other form of serious illness or virus that is not mentioned.
12 SIGHT IMPAIRED	The client has some form of damage or diminishing of his/her sight or ability to see and may or may not be totally blind.

13 TUBERCULOSIS

The client has a highly variable communicable disease of humans and some other vertebrates characterized by toxic symptoms or allergic manifestations which in humans primarily affect the lungs.

FIELD NUMBER: A-48
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: OBH

GUIDELINES:

Use this field to indicate that the client has another physical or mental impairment/ disability in addition to the disability recorded using A-44, A-45, A-45, and A-47.

If the client does not have an additional physical or mental impairment/disability, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1	
DEFINITION:	Identifies the client's primary substance of abuse or addiction type	
VALID ENTRIES:	1 ALCOHOL	Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.
	2 AMPHETAMINES (but not methamphetamine)	Includes stimulants <u>other than cocaine</u> . Examples are biphedamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u> : Desoxyn, drexedrine, Mediatric, Preludin, Delcobese <u>SLANG NAMES</u> : Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.
	3 BARBITURATES	Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.
	4 BENZODIAZEPINE	Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.
	5 COCAINE (including crack or "free base")	Refers to the stimulant cocaine (including Crack or "free base"). <u>SLANG NAMES</u> : Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown
	6 ECSTASY	Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.

7 GAMBLING	Primary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.
8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MDMA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.
12 MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.
13 METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14 NONE	Code 14 (NONE) should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment for DRUG_2 and/or DRUG3

	when there is no secondary or tertiary drug of abuse.
15 NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies
16 OTHER	Any other drugs or chemicals, singular or in combination, that are not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over-the-counter or “street” drugs not classified herein. <u>Note</u> : This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.
17 OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> : dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, “T’s and Blues”, etc.
18 OTHER SEDATIVES AND HYPNOTICS	Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos). <u>TRADE NAMES</u> : Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox. <u>SLANG NAMES</u> : Doors and Fours, Quads, Ludes, Soapers, Sopes.

ASSESSMENT TABLE

19 OTHER STIMULANTS	Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.
20 OVER-THE-COUNTER DRUG	Legal over-the-counter preparations exclusive of items listed elsewhere. Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).
21 OXYCONTIN	Time-released synthetic opioid.
22 PCP	Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).
23 SOMA	SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.
24 TRANQUILIZERS (not benzodiazepines)	Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines. <u>TRADE NAMES:</u> Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid
98 UNKNOWN	

FIELD NUMBER: A-49

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: BLOCK GRANT (SA), TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the option that most accurately reflects the primary drug of abuse. If a client is abusing a substance not listed here, select the most appropriate “other” category. **Note:** For *primary* drug of abuse, “none” should only be used for person’s who do not have a SA disorder. Missing or invalid data may result in the omission of the client record for TEDS and when reporting the Substance Abuse Block Grant reporting.

Primary drug of abuse is to be reported at admission, last assessment/evaluation, and at discharge.

The date of the most recent evaluation/re-evaluation of the primary drug of abuse is reported using the **DRUG_1_UPDATE** data element (A-50).

VARIABLE NAME:	DRUG_1_UPDATE
DEFINITION:	Indicates the date the client's primary substance of abuse or addiction type was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-50
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (SA), TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's primary substance of abuse or addiction type, regardless if there is a change.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2	
DEFINITION:	Identifies the client's secondary substance of abuse or addiction type	
VALID ENTRIES:	1	ALCOHOL Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.
	2	AMPHETAMINES (but not methamphetamine) Includes stimulants <u>other than cocaine</u> . Examples are biphedamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u> : Desoxyn, drexedrine, Mediatric, Preludin, Delcobese <u>SLANG NAMES</u> : Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.
	3	BARBITURATES Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.
	4	BENZODIAZEPINE Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.
	5	COCAINE (including crack or "free base") Refers to the stimulant cocaine (including Crack or "free base"). <u>SLANG NAMES</u> : Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown
	6	ECSTASY Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.

7 GAMBLING	Primary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.
8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MDMA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.
12 MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.
13 METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14 NONE	Code 14 (NONE) should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment for DRUG_2 and/or DRUG3

	when there is no secondary or tertiary drug of abuse.
15 NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies
16 OTHER	Any other drugs or chemicals, singular or in combination, that are not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over-the-counter or “street” drugs not classified herein. <u>Note</u> : This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.
17 OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> : dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, “T’s and Blues”, etc.
18 OTHER SEDATIVES AND HYPNOTICS	Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos). <u>TRADE NAMES</u> : Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox. <u>SLANG NAMES</u> : Doors and Fours, Quads, Ludes, Soapers, Sopes.

ASSESSMENT TABLE

19 OTHER STIMULANTS	Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.
20 OVER-THE-COUNTER DRUG	Legal over-the-counter preparations exclusive of items listed elsewhere. Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).
21 OXYCONTIN	Time-released synthetic opioid.
22 PCP	Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).
23 SOMA	SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.
24 TRANQUILIZERS (not benzodiazepines)	Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines. <u>TRADE NAMES</u> : Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid
25 Tobacco	Any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc. <u>Note</u> : This choice should only be used as a secondary or tertiary drug usage option.
98 UNKNOWN	

FIELD NUMBER: A-51

FIELD LENGTH: 2

ASSESSMENT TABLE

FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	TEDS, OBH

See guidelines on next page.

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

This data element specifies a client's secondary substance of abuse. Secondary drug of abuse is reported at admission, last assessment/evaluation, and at discharge.

If the client does not have secondary substance of abuse, use code 14.

Note: The data elements DRUG_2 and DRUG_3 have an additional option: tobacco. This option should only be used as a secondary or tertiary substance of abuse, never as the primary substance of abuse (A-49) for person's receiving substance abuse treatment.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_UPDATE
DEFINITION:	Indicates the date the client's secondary substance of abuse or addiction type was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-52
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This field is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Record the date of the most recent assessment/evaluation of the client's secondary substance of abuse or addiction type, regardless if there is a change.

If the client does not have a secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3	
DEFINITION:	Identifies the client's tertiary substance of abuse or addiction type	
VALID ENTRIES:	1 ALCOHOL 2 AMPHETAMINES (but not methamphetamine) 3 BARBITURATES 4 BENZODIAZEPINE 5 COCAINE (including crack or "free base") 6 ECSTASY 7 GAMBLING	<p>Includes beer, wine, whiskey, liqueurs, and ethyl and methyl alcohol. Slang names include moonshine, shine, stump juice, booze, etc.</p> <p>Includes stimulants <u>other than cocaine</u>. Examples are biphedamine, dexedrine, metamphetamine, dextroamphetamine, phenmetrazine (preludin), and methylphenidate (Ritalin). <u>TRADE NAMES</u>: Desoxyn, drexedrine, Mediatric, Preludin, Delcobese <u>SLANG NAMES</u>: Pep pills, bennies, uppers, black mollies, copilots, pocket rockets, truck drivers, speed, black beauties, crank, meth, jelly beans, black cadillacs, browns, greenies, b-bomb, oranges etc.</p> <p>Includes the barbiturate drugs Amobarbital, Phenobarbital, Butosol, Phenobarbital, Secobarbital, and Tuinal.</p> <p>Includes benzodiazepine tranquilizers, such as: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Serax, Tranxene, Valium, Verstran, and XANAX.</p> <p>Refers to the stimulant cocaine (including Crack or "free base"). <u>SLANG NAMES</u>: Coke, flake, snow, speedball, gold dust, toot, nose heaven, paradise, lady snow, girl, frisky powder, uptown.</p> <p>Refers to Methylenedioxymethamphetamine (MDMA), a stimulant with hallucinogenic properties.</p> <p>Primary addiction type is gambling, or the act of risking money or something else of value on an activity with an uncertain outcome.</p>

ASSESSMENT TABLE

8 GHB	Gamma Hydroxy Butyrate (GHB), an anesthetic with effects similar to alcohol.
9 HALLUCINOGENS	Hallucinatory agents <u>other than PCP</u> , including LSD-25, Mescaline and Peyote, certain amphetamine variants (2, 5 DMA, PMA, STP, MDA, MMDA, TMA, DOM, &DOB), Bufotenine, Ibogaine, Psilocybin, and Psilosyn.
10 HEROIN	<u>SLANG NAMES</u> : Al Capone, Bag, H, ska, Junk, A-bomb, Balloon, Big H, Black Tar, Blow, Dr. Feelgood, Eightball, Smack
11 INHALANTS	Volatile organic solvents such as spray paint, glue, toluene, amyl nitrate, lighter fluid, gasoline, liquid paper thinner, Freon, polish remover, k nitrous oxide, cleaning fluid, sealer, and shoe polish.
12 MARIJUANA/HASHISH	Marijuana, hashish, THC, or other cannabis products and derivatives. <u>SLANG NAMES</u> : Pot, Acapulco gold, grass, panama red, locoweed, dope, hash, sole, black Russian, etc.
13 METHAMPHETAMINE	Methamphetamine, a stimulant closely related to amphetamine and ephedrine. <u>SLANG NAMES</u> : Speed, Crystal
14 NONE	Code 14 (NONE) should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment for DRUG_2 and/or DRUG3 when there is no secondary or tertiary drug of abuse.
15 NON-RX METHADONE	Non-prescription methadone, such as Dolophine, LAAM, Amidone, and Fizzies

16 OTHER	Any other drugs or chemicals, singular or in combination, that are not otherwise classified as narcotics, hallucinogens, barbiturates or stimulants, including over-the-counter or “street” drugs not classified herein. <u>Note</u> : This option should only be used when the specific usage is unknown and diligent efforts were made to obtain the correct usage.
17 OTHER OPIATES AND SYNTHETICS	Opiates or synthetics not listed in another category <u>except Oxycontin</u> . Included here are Opiate and synthetic narcotics such as Codeine, Morphine and Opium Derivatives <u>other than heroin</u> . Examples are Demerol, Dilaudid, Hydromorphone, Mepergan, Meperidine HCL, Morphine Sulphae, Numorphan, Percodan, Pectoral Syrup, Paregoric Pantophen (chloride of Opium Alkaloids), Pentazocine {Talwin}, Lamotil, Darvon, and Fentanyl. <u>SLANG NAMES</u> : dover powder, cube dreamer, unkie, snow, stuff, junk, smack, horse, Chinese red, boy, schoolboy, lords, “T’s and Blues”, etc.
18 OTHER SEDATIVES AND HYPNOTICS	Sedative or hypnotic acting non-barbiturate drugs, such as Gluthemide (Doriden), Methaqualone (Qualude, spoor, Optimil), and Chloral Hydrate (Noctec somuos). <u>TRADE NAMES</u> : Noludor, Placidyl, Phenergan, Restaril, Halcion and Mandrox. <u>SLANG NAMES</u> : Doors and Fours, Quads, Ludes, Soapers, Sopes.
19 OTHER STIMULANTS	Stimulants not listed in another category and includes the trade names Adipex, Bacarate, Cylert, didrex, Ionamin, Plegine, Pre-Sate, Sanorex, Tenuate, Tepanil, and Voranil.

20 OVER-THE-COUNTER DRUG	Legal over-the-counter preparations exclusive of items listed elsewhere. Included in this category are analgesics, diet preparations, relaxants, and cold and sleep preparations (such as Nyquil, Sominex, Aspirin, etc.).
21 OXYCONTIN	Time-released synthetic opioid.
22 PCP	Phencyclidine and/or phencyclidine analogs (PCE, PCP, TCP).
23 SOMA	SOMA or Carisoprodol, a muscle relaxer that may be habit-forming.
24 TRANQUILIZERS (not benzodiazepines)	Depressants that are not otherwise listed as barbiturates, benzodiazepines, or sedative-hypnotics. This category includes anti-anxiety drugs and muscle relaxants such as chlordiazepoxides, reserphine, lithium compounds, and penothiazines. <u>TRADE NAMES:</u> Equanil, Miltown, Mellaril, Serentil, Triavil, Noludar, Placidyl, and Valmid
25 Tobacco	Any tobacco product, to include cigarettes, cigars, dip, snuff, chewing tobacco, etc. <u>Note:</u> This choice should only be used as a secondary or tertiary drug usage option.
98 UNKNOWN	

FIELD NUMBER: A-53
 FIELD LENGTH: 2
 FIELD TYPE: Numeric
 FORMAT: ##
 PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

This data element specifies a client's tertiary substance of abuse. Tertiary drug of abuse is reported at admission, last assessment/evaluation, and at discharge.

If the client does not have a tertiary substance of abuse, use code 14.

Continued on next page

Note: The data elements DRUG_2 and DRUG_3 have an additional option: tobacco. This option should only be used as a secondary or tertiary substance of abuse, never as the primary substance of abuse (A-49) for person's receiving substance abuse treatment.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_3_UPDATE**

DEFINITION: Indicates the date the client's tertiary substance of abuse or addiction type was evaluated/re-evaluated

VALID ENTRIES: **2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.**

FIELD NUMBER: A-54

FIELD LENGTH: 10

FIELD TYPE: Date

FORMAT: MM/DD/YYYY

PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's tertiary substance of abuse or addiction type, regardless if there is a change.

If the client does not have a tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_AGE
DEFINITION:	Specifies the age at which the client first used the substance identified as the primary drug of abuse (DRUG_1)
VALID ENTRIES:	01 – 95 VALID AGE OF FIRST USE
FIELD NUMBER:	A-55
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the primary substance of abuse (A-49).

If the client does not have a primary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_AGE	
DEFINITION:	Specifies the age at which the client first used the secondary substance of abuse (DRUG_2)	
VALID ENTRIES:	01 – 95	VALID AGE OF FIRST USE
FIELD NUMBER:	A-56	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the secondary substance of abuse (A-51).

If the client does not have a secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_AGE	
DEFINITION:	Specifies the age at which the client first used the tertiary substance of abuse (DRUG_3)	
VALID ENTRIES:	01 – 95	VALID AGE OF FIRST USE
FIELD NUMBER:	A-57	
FIELD LENGTH:	2	
FIELD TYPE:	Numeric	
FORMAT:	##	
PURPOSE:	TEDS, OBH	

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Enter the age at which the client first used the tertiary substance of abuse (A-53).

If the client does not have a tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_FREQ	
DEFINITION:	Characterizes the client's use pattern for the primary drug of use.	
VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment when there is no secondary or tertiary drug of abuse.
FIELD NUMBER:	A-58	
FIELD LENGTH:	1	

ASSESSMENT TABLE

FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the primary drug of use.

If the primary addiction type is Gambling, use these same values to record frequency of gambling episodes.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the primary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-59
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the primary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_FREQ	
DEFINITION:	Characterizes the client's use pattern for the secondary drug of use.	
VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment when there is no secondary or tertiary drug of abuse.
FIELD NUMBER:	A-60	
FIELD LENGTH:	1	

ASSESSMENT TABLE

FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the secondary drug of use.

If the secondary addiction type is Gambling, use these same values to record frequency of gambling episodes.

If the client does not have a secondary drug of use or addiction type, use 8- NOT APPLICABLE or leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the secondary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-61
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the secondary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

If the client does not have a secondary drug of use or addiction type, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_FREQ	
DEFINITION:	Characterizes the client's use pattern for the tertiary drug of use.	
VALID ENTRIES:	1 1-3 TIMES IN THE PAST MONTH	Regardless of the amount of intake, client or credible collateral reports usage pattern of less than one episode of use per week during the 30days preceding admission.
	2 1-2 TIMES PER WEEK	The client or credible collateral reports at least one episode of use per week.
	3 3-6 TIMES PER WEEK	The client or credible collateral reports the client used alcohol/drugs several times per week; episodes of use extended over more than one day.
	4 DAILY	The client or credible collateral reports the client used alcohol/drugs on a daily or almost daily basis during the 30days preceding admission.
	5 FREQUENCY UNKNOWN	Used when client doesn't know how frequent he/she uses a particular drug.
	6 NO USE DURING TREATMENT	The client or credible collateral reports the client had no use during treatment at the current level of care.
	7 NO USE IN THE PAST MONTH	The client or credible collateral reports the client has not used this drug during the 30days preceding admission.
	8 NOT APPLICABLE	Code 8- NOT APPLICABLE should only be used when the client does not have a SA disorder OR for clients receiving substance abuse treatment when there is no secondary or tertiary drug of abuse.
FIELD NUMBER:	A-62	
FIELD LENGTH:	1	

ASSESSMENT TABLE

FIELD TYPE:	Numeric
FORMAT:	#
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Select the value which characterizes the client's use pattern for the tertiary drug of use.

If the tertiary addiction type is Gambling, use these same values to record frequency of gambling episodes.

If the client does not have a tertiary drug of use or addiction type, use 8- NOT APPLICABLE or leave blank.

VARIABLE NAME:	DRUG_3_FREQ_UPDATE
DEFINITION:	Indicates the date the client's use pattern for the tertiary drug of use was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-63
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

Indicate the date of the most recent assessment/evaluation of the client's use pattern for the tertiary drug of use or addiction type, even if the value for client's use pattern does not change from one assessment to the next.

VARIABLE NAME: **DRUG_1_RTE**

DEFINITION: Specifies the client's route of administration of the primary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE**- Code 4 (NOT APPLICABLE) should only be used when the client does not have a SA disorder **OR** for clients receiving substance abuse treatment when the primary type is Gambling OR when there is no primary drug of abuse.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-64

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment or treatment for both substance abuse and a mental health disorder.

If the primary addiction type is Gambling, choose 04- Not Applicable.

If client does not indicate a primary substance of use, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_1_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the primary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-65
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the primary substance of abuse, even if the value for client's route of administration for the primary substance of abuse does not change from one assessment to the next.

If client does not indicate a primary substance of use, leave blank.

VARIABLE NAME: **DRUG_2_RTE**

DEFINITION: Specifies the client's route of administration of the secondary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE**- Code 4 (NOT APPLICABLE) should only be used when the client does not have a SA disorder **OR** for clients receiving substance abuse treatment when the primary type is Gambling OR when there is no secondary drug of abuse.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-66

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

If the secondary addiction type is Gambling, use code 04- NOT APPLICABLE.

If there is no secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_2_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the secondary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-67
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the secondary substance of abuse, even if the value for client's route of administration for the secondary substance of does not change from one assessment to the next.

If there is no secondary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME: **DRUG_3_RTE**

DEFINITION: Specifies the client's route of administration of the tertiary substance of abuse.

VALID ENTRIES:

- 01 INHALATION**
- 02 INJECTION (IV OR INTRAMUSCULAR)**
- 03 NONE REPORTED** This code is to be used by prevention programs and collateral services.
- 04 NOT APPLICABLE-** Code 4 (NOT APPLICABLE) should only be used when the client does not have a SA disorder **OR** for clients receiving substance abuse treatment when the primary type is Gambling **OR** when there is no tertiary drug of abuse.
- 05 ORAL**
- 06 OTHER**
- 07 SMOKING**
- 98 UNKNOWN**

FIELD NUMBER: A-68

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

If the secondary addiction type is Gambling, use code 04- NOT APPLICABLE.

If there is no tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DRUG_3_RTE_UPDATE
DEFINITION:	Indicates the date the client's route of administration of the tertiary substance of abuse was evaluated/re-evaluated
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-69
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	TEDS, OBH

GUIDELINES:

This data element is required for clients receiving substance abuse treatment.

Indicate the date of the most recent assessment/evaluation of the client's route of administration of the tertiary substance of abuse, even if the value for client's route of administration for the tertiary substance of use does not change from one assessment to the next.

If there is no tertiary substance of abuse, leave blank.

ASSESSMENT TABLE

VARIABLE NAME:	DX_PRIMARY
DEFINITION:	Specifies the client's mental health or addictive disorder condition that was the primary cause for evaluation and admission to clinical care.
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-74
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

May be an Axis I or an Axis II diagnoses. The secondary diagnosis is reported using A-75. If the client has more than three diagnoses, use A-09 to A-12 to report additional diagnoses as needed.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV-TR codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

VARIABLE NAME:	DX_SEC
DEFINITION:	Specifies the client's mental health or addictive disorder condition that is considered the secondary reason for treatment.
VALID ENTRIES:	DSM-IV-TR CODE
FIELD NUMBER:	A-75
FIELD LENGTH:	8
FIELD TYPE:	Numeric
FORMAT:	XXX.XXXX
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

May be an Axis I or an Axis II diagnoses.

A diagnosis in addition to the primary and secondary diagnosis is reported using A-08. If the client has more than three diagnoses, report using A-09 to A-12 as needed.

Valid entries generally will have 3 characters and a decimal point followed by 1 or 2 characters when DSM-IV-TR codes are used. If the code has fewer than 5 characters and a decimal, the code should be left justified so that all remaining characters on the right are blank.

ASSESSMENT TABLE

VARIABLE NAME:	ENCOUNTERS
DEFINITION:	Indicates the number times a police officer has spoken with the client about his/her behavior in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-78
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT(URS), OBH

GUIDELINES:

This variable indicates the number of encounters with police in the past 30 days. Do not include the number of arrests.

Encounters status is to be reported at admission, assessment/re-assessment, and at discharge.

The date of the most recent assessment/evaluation of encounters status is reported using the **ENCOUNTERS_UPDATE** data element (A-79).

ASSESSMENT TABLE

VARIABLE NAME:	ENCOUNTERS_UPDATE
DEFINITION:	Indicates the date the client's encounters status (A-78) was evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-79
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of the number of encounters with police in the past 30 days, regardless if there is a change in the number of encounters from the previous assessment.

VARIABLE NAME:	EPISODE_UID
DEFINITION:	A unique treatment episode identifier that is assigned by the provider organization, electronic behavioral health vendor record system, or the MCO.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	A-80
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the provider organization, the MCO, and/or EBHR Vendor record system. This episode UID links each assessment and service provided to the individual client during a specific episode of care by a specific clinic/facility and service program across the provider organization/EBHR vendor or MCO.

An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the end date of the episode will be the date of last contact and the date of discharge is blank.

One client record may have multiple and/or overlapping episodes of care (each identified by a unique identifier) as the client moves in, out, and through the course of treatment over a period of time.

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ABSENCE
DEFINITION:	Indicates the number days the client was absent from school for any reason in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-83
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS),OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

The number of days absent from school is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client's school attendance status is reported using the **SCHOOL_ABSENCE_UPDATE** data element (A-84).

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ABSENCE_UPDATE
DEFINITION:	Indicates the date the client's attendance status (A-83) was last evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-84
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

This variable indicates the date of the most recent assessment/evaluation of the client's attendance status in the past 30 days, regardless if number of days absent is the same number of days reported at the time of the previous assessment.

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ENROLLMENT	
DEFINITION:	Indicates if the client attended school at any time in the past three months	
VALID ENTRIES:	1	YES
	2	NO
FIELD NUMBER:	A-85	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE:	BLOCK GRANT (URS),OBH	

GUIDELINES:

‘At any time in the past three months’ means the client had at least one day of school attendance within the past three months.

School enrollment is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client’s school enrollment status is reported using the **SCHOOL_ENROLL_UPDATE** data element (A-86).

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_ENROLL_UPDATE
DEFINITION:	Indicates the date the client's school enrollment status (A-85) was last evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-86
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of the client's school enrollment status (A-85) in the past three months, regardless if status for school enrollment is the same as the status reported at the time of the previous assessment.

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_SUSPENSION
DEFINITION:	Indicates the number days the client was suspended or expelled from school in the past 30 days
VALID ENTRIES:	00 - 30
FIELD NUMBER:	A-87
FIELD LENGTH:	2
FIELD TYPE:	Numeric
FORMAT:	##
PURPOSE:	BLOCK GRANT (URS,),OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

The number of days suspended or expelled from school is to be reported at admission, last assessment, and at discharge.

The date of the most recent assessment/evaluation of the client's suspension/expulsion status is reported using the **SCHOOL_SUSP_UPDATE** data element (A-88).

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SCHOOL_SUSP_UPDATE
DEFINITION:	Indicates the date the client's school suspension/expulsion status (A-83) was last evaluated/re-evaluated.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-88
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), OBH

GUIDELINES:

Reported for CHILDREN/ADOLESCENTS only

This variable indicates the date of the most recent assessment/evaluation of the client's suspension/expulsion status in the past 30 days, regardless if the number of days is the same number of days reported at the time of the previous assessment.

For ADULTS, leave blank

ASSESSMENT TABLE

VARIABLE NAME:	SP_DATE
DEFINITION:	Indicates the date the Special Population indicated was determined.
VALID ENTRIES:	2-DIGIT MONTH, 2-DIGIT DAY, 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	A-92
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH

GUIDELINES:

This variable indicates the date of the most recent assessment/evaluation of Special Population criteria for the client. Special Population SMI/EBD status is recorded using A-95.

VARIABLE NAME:	SP_SMI		
DEFINITION:	Special Population SMI/EBD		
VALID ENTRIES:	0	Non-SMI/EBD	
	1	SMI (Adults)	See guidelines below
	2	EBD (Children or Youth)	See guidelines below
FIELD NUMBER:	A-95		
FIELD LENGTH:	1		
FIELD TYPE:	Numeric		
FORMAT:	#		
PURPOSE:	BLOCK GRANT (URS), TEDS, OBH		

GUIDELINES:

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the Mental Health Block Grant reporting.

CODE: 1 - Special Population SMI (ADULT) - an individual age 18 or older who has a severe persistent mental disorder and meets all of the criteria below:

1. **Age**: 18 years or older
2. **Diagnosis**: the major psychiatric diagnoses most likely to result in chronic or long-term problems are schizophrenia, recurrent depression, and manic-depressive psychoses, although there are other mental illnesses that may be equally persistent and disabling. In elderly persons, this may include a number of mental disorders associated with the aging process.
3. **Disability**: Impaired role functioning as indicated by at least two of the following functional areas:
 - a. Unemployed or has markedly limited skills and a poor work history, or if retired is unable to engage in normal activities to manage income.
 - b. Employed in a sheltered setting.

- c. Requires public financial assistance for out-of-hospital maintenance (SSI, General Assistance, etc.) and/or is unable to procure such without help (does not apply to routine retirement benefits).
 - d. Unable to procure appropriate public support services without assistance.
 - e. Severely lacks social support systems in the natural environment, e.g., no close friends or group affiliations, lives alone, highly transient.
 - f. Requires assistance in basic life skills (must be reminded to take medicine, must have transportation to CMHC arranged, needs assistance in household management tasks, etc.).
 - g. Exhibits social behavior which results in demand for intervention by the mental health and/or judicial/legal system.
4. **Duration:** Must meet at least one of the following indicators of duration:
- a. Psychiatric hospitalization of at least six months in the last five years.
 - b. Two or more hospitalizations for mental disorders in the last 12 month period.
 - c. A single episode of continuous structural supportive residential care other than hospitalization for duration of at least six months.
 - d. A previous psychiatric evaluation indicating a history of severe psychiatric disability of at least six months duration.

CODE 2 - Special Population EBD (CHILDREN OR YOUTH) — This category may include children or youth (age 0 through 17) who:

- 1. Exhibit seriously impaired contact with reality, and severely impaired social, academic, and self-care functioning, whose thinking is frequently confused, and whose behavior may be grossly inappropriate and bizarre, and whose emotional reactions are frequently inappropriate to the situation
- OR
- 2. Manifest long-term patterns of inappropriate behaviors, which may include but are not limited to: aggressiveness, antisocial acts, refusal to accept adult requests or rules, suicidal behavior, developmentally inappropriate inattention, hyperactivity, impulsiveness

OR

3. Experience serious discomfort from anxiety, depression, or irrational fears and concerns whose symptoms may include but are not limited to: serious eating and/or sleeping disturbances, extreme sadness, suicidal ideation, persistent refusal to attend school or excessive avoidance of unfamiliar people, maladaptive dependence on parents, or non-organic failure to thrive

OR

4. Have a DSM-III-R diagnosis indicating a severe mental disorder, which requires 24-hour care and supervision, such as, but not limited to: Psychosis, Schizophrenia, Major Affective Disorders, Reactive Attachment Disorder of Infancy or Early Childhood (non-organic failure to thrive), or Severe Conduct Disorder.

This classification does not include children/youth that are socially maladjusted, unless it is determined that they also meet the criteria for Emotional/Behavioral Disorders.

For CODE-2, the client must meet All criteria below:

A. Functional Disability:

There is evidence of severe, disruptive and/or incapacitating functional limitations of behavior characterized by at least two of the following:

1. Inability to routinely exhibit appropriate behavior under normal circumstances.
2. Tendency to develop physical symptoms or fears associated with personal or school problems.
3. Inability to learn or work that cannot be explained by intellectual, sensory, or health factors.
4. Inability to build or maintain satisfactory interpersonal relationships with peers and adults.
5. A general pervasive mood of unhappiness or depression.
6. Conduct characterized by lack of behavioral control or adherence to social norms which is secondary to an emotional disorder.

B. Duration:

1. The impairment or pattern of inappropriate behavior(s) has persisted for at least one year.
- OR
2. There is substantial risk that the impairment or pattern of inappropriate behavior(s) will persist for an extended period.
- OR
3. There is a pattern of inappropriate behaviors that are severe and of short duration.

C. Educational Performance:

There is evidence that all of the following exist:

1. Educational performance must be significantly and adversely affected as a result of behaviors which meet the definition of Emotional/Behavioral Disorder.
2. Behavior patterns, consistent with the definition, exist after educational assistance, and/or counseling.
3. Behavior patterns, consistent with the definition, persist after individualized, systematic intervention.

VARIABLE NAME: **REGION**

DEFINITION: Identifies the Local Governing Entity (LGE) providing services to the client. Note important guidelines below.

VALID ENTRIES:

- 2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)**
- 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)**
- 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)**
- 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)**
- 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)**
- 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)**
- 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)**
- 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)**
- 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)**
- 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)**

FIELD NUMBER: A-96

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana.

[END ASSESSMENT DATA SET]

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SERVICE DATA SET

SERVICE DATA SET**Scope**

The service table contains service session information such as the appointment status, the service provided, who provided the service and when the service began and ended.

The service table can contain multiple services provided by multiple service providers per client record. Each individual service session is identified by the unique service session identifier (session UID) assigned by the provider organization, the MCO, and/or EBHR Vendor record

This section of the data dictionary defines the standards for the components of the service table data set. Only submit data for service tickets that meet the standards for final approval.

Each table contains key fields used to link database tables. The following key fields are used for this purpose:

CLUID

EPISODE_UID

Tables also contain fields used to uniquely identify a client episode as defined by the Mental Health and Substance Abuse Treatment Episode Data Set (TEDS) reporting. TEDS data sets are used to complete the MH Block Grant Report and MH Universal Reporting System (URS) tables as well as the Substance Abuse Block Grant Report required by SAMHSA. Missing data in any of these fields will result in the omission of the client record from TEDS and block grant reporting. The following fields are used for this purpose:

SERVICE_AGENCY_UID

SERVICE TABLE

VARIABLE NAME:	APPT_STAT	
DEFINITION:	Identifies whether the appointment was scheduled or unscheduled (walk-in) and gives the reason a scheduled appointment was not kept.	
VALID ENTRIES:	1 SCHEDULED APPOINTMENT	The service/appointment was scheduled, <i>i.e.</i> , the activity, patient, and staff involved were known prior to service provision.
	2 UNSCHEDULED APPOINTMENT	The service/appointment was unscheduled, <i>i.e.</i> , a walk-in.
	3 NO SHOW	Client failed to appear without prior notice to cancel appointment.
	4 CANCELLED BY CLIENT	Client informs facility of cancellation prior to the scheduled appointment time.
	5 CANCELLED BY PROVIDER	Provider cancels because of inability to keep scheduled appointment.
FIELD NUMBER:	S-01	
FIELD LENGTH:	1	
FIELD TYPE:	Numeric	
FORMAT:	#	
PURPOSE::	BLOCK GRANT (URS,NOMS), TEDS, OBH	

GUIDELINES:

This field is used in calculations for Block Grant, TEDS, and OBH reporting. The following standards must be adhered to when coding appointment status:

Scheduled Appointment- client arrives before or within fifteen minutes of the scheduled appointment time and keeps the appointment with the clinician.

Unscheduled Appointment- The service/appointment was unscheduled, *i.e.*, a walk-in.

No show- client does not arrive within fifteen minutes after the scheduled appointment time or did not call at least 24 hours in advance of the appointment time to reschedule.

SERVICE TABLE

Cancelled by recipient- client calls at least 24 hours in advance of the scheduled appointment time and cancels the appointment.

Cancelled by staff- staff cancels a scheduled appointment with a client and reschedules the appointment.

SERVICE TABLE

VARIABLE NAME:	BEGINTIME
DEFINITION:	The time when the service begins.
VALID ENTRIES:	2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00 = 1:00)
FIELD NUMBER:	S-03
FIELD LENGTH:	5
FIELD TYPE:	Time
FORMAT:	HH:MM
PURPOSE::	OBH

GUIDELINES:

Report the actual begin time of the service. This data element is used to calculate various values for various utilization management reports.

Record systems that are currently in use (LADDs) that do not collect this field, may leave this field blank; use field S-18 (TASKTIME) to report duration of service. All others are required to report this field.

IMPORTANT: All provider agencies/EBHR vendors are to build capacity to report this data element in future reporting.

SERVICE TABLE

VARIABLE NAME: CLN_TYPE

DEFINITION: Describes the client(s) or individual(s) participating in the session.

VALID ENTRIES:	1	PRIMARY CLIENT	Individual(s) identified as client(s). Includes individual or group contacts in which each participant is a client.
	2	PARENT(S) COLLATERAL	Individuals seen in relation to their child. This code will be used if one or both parents are present.
	3	SPOUSE COLLATERAL	Individual seen in relation to his/her spouse, or person who relates to an identified client in the spouse role whether or not they are married.
	4	CHILD/SIBLING COLLATERAL	An individual seen in relation to his/her parent(s) or a sibling's problem or case.
	5	OTHER RELATIVE COLLATERAL	Individuals who are related to the primary client other than as parent, spouse, child, or sibling.
	6	NON-RELATIVE COLLATERAL	Individual(s) who have significant relationship(s) with the primary client, <i>i.e.</i> , friends.
	7	PRIMARY CLIENT & SIGNIFICANT OTHER(S)	This code is to be used when the primary client is seen with a significant other.
	8	REPRESENTATIVE OF OTHER ORGANIZATION	This code is to be used when the primary client is seen with a representative(s) of another organization such as a parole officer, teacher, or another provider.
	99	OTHER	Not falling into any other category.

FIELD NUMBER: S-04

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE:: BLOCK GRANT (SA), TEDS, OBH

SERVICE TABLE

GUIDELINES: The collateral codes are to be used only for individuals seen regarding the primary client.

VARIABLE NAME:	CLUID
DEFINITION:	The unique client identifier of the client receiving the service
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER
FIELD NUMBER:	S-05
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS,NOMS), TEDS, OBH

GUIDELINES:

The CLUID is a unique client identifier that is assigned by the provider organization/EBHR vendor or MCO record system.

Providers/agencies may use an existing unique client ID.

This ID cannot be reassigned to a different person at any time.

Consistent use of the CLUID across all data sets and across time should be observed whenever information about the person is submitted.

SERVICE TABLE

VARIABLE NAME:	ENDTIME
DEFINITION:	The time when the service ends.
VALID ENTRIES:	2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00 = 1:00)
FIELD NUMBER:	S-08
FIELD LENGTH:	5
FIELD TYPE:	Time
FORMAT:	HH:MM
PURPOSE::	OBH

GUIDELINES:

Report the actual time that the service ends. This data element is used to calculate various values for utilization management reports.

Record systems that are currently in use (LADDs) that do not collect this field, may leave this field blank; use field S-18 (TASKTIME) to report duration of service. All others are required to report this field.

IMPORTANT: All provider agencies/EBHR vendors are to build capacity to report this data element in future reporting.

VARIABLE NAME:	EPISODE_UID
DEFINITION:	A unique treatment episode identifier that is assigned by the provider organization, MCO, or electronic behavioral health vendor record system.
VALID ENTRIES:	A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
FIELD NUMBER:	S-10
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE:	BLOCK GRANT (URS, NOMS), TEDS, OBH

GUIDELINES:

Each individual episode of care is identified by a unique episode identifier (episode UID) assigned by the provider organization, the MCO, and/or EBHR Vendor record system.

This episode UID links the service provided to the individual client during a specific episode of care by a specific clinic/facility and service program across the provider organization/EBHR vendor or MCO.

An **episode** of care begins when the client first presents for treatment (i.e. date of first contact) and ends when the client is discharged (date of discharge). For persons who are seen but not admitted, the end date of the episode will be the date of last contact and the date of discharge is blank.

Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS) that are part of block grant reporting.

SERVICE TABLE

VARIABLE NAME:	PV_CO_SERV
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DEFINITION:	Specifies the unique provider identifier of the co-therapist/counselor of the service.
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VALID ENTRIES:	UP TO 10-DIGIT CODE
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FIELD NUMBER:	S-12
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FIELD LENGTH:	10
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FIELD TYPE:	Character
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FORMAT:	CCCCCCCCC
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PURPOSE::	OBH
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GUIDELINES:

This code is a unique provider identifier that is assigned by the provider organization/EBHR vendor or MCO record system. The code may be alphanumeric. An NPI number for the individual may be used.

The unique provider ID cannot be reassigned to a different therapist/counselor/clinician at any time.

When there is no co-therapist/counselor of the service, leave blank.

VARIABLE NAME:	PV_SERV
DEFINITION:	Specifies the unique provider identifier of the therapist/counselor providing the service.
VALID ENTRIES:	UP TO 10-DIGIT CODE
FIELD NUMBER:	S-13
FIELD LENGTH:	10
FIELD TYPE:	Character
FORMAT:	CCCCCCCCC
PURPOSE::	OBH

GUIDELINES:

This code is a unique provider identifier that is assigned by the provider organization/EBHR vendor or MCO record system. The code may be alphanumeric. An NPI number for the individual may be used.

The unique provider ID cannot be reassigned to a different therapist/counselor/clinician at any time.

VARIABLE NAME:	SERV_DATE
DEFINITION:	Specifies the date the service was provided.
VALID ENTRIES:	2-DIGIT MONTH FOLLOWED BY THE 2-DIGIT DAY FOLLOWED BY THE 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
FIELD NUMBER:	S-14
FIELD LENGTH:	10
FIELD TYPE:	Date
FORMAT:	MM/DD/YYYY
PURPOSE::	BLOCK GRANT (URS, NOMS), TEDS, OBH

GUIDELINES:

This variable is used in calculations needed for Block Grant, TEDS, and OBH reporting. Missing or invalid data may result in the omission of the client record for TEDS and when reporting the SAMHSA National Outcome Measures (NOMS/BLOCK GRANT) that are part of block grant reporting.

SERVICE TABLE

VARIABLE NAME:	SERVICE
DEFINITION:	A unique 3-digit code that specifies the service provided to the client.
VALID ENTRIES:	See guidelines below.
FIELD NUMBER:	S-18
FIELD LENGTH:	3
FIELD TYPE:	Numeric
FORMAT:	###
PURPOSE:	BLOCK GRANT, TEDS, OBH

GUIDELINES:

Beginning March 1, 2012, OBH implemented the Louisiana Behavioral Health Partnership (LBHP). A list of service codes and service descriptions can be found in the OBH Data Dictionary document under the tab labeled “LBHP Service Codes”.

A comprehensive list of all partnership services can be found in the [LBHP Services Manual](#) on the DHH web site. Please see the companion document [LBHP Services Manual Codes](#) for reimbursement and coding summary also found on the DHH web site.

OBH legacy system service codes are used for internal purposes only.

SERVICE TABLE

VARIABLE NAME:	TICKETNO
DEFINITION:	A unique identifier for the individual service provided during the session.
VALID ENTRIES:	UP TO 18 DIGITS
FIELD NUMBER:	S-20
FIELD LENGTH:	18
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE::	OBH

GUIDELINES:

This field is used for validation purposes.

VARIABLE NAME:	GPD
DEFINITION:	Taxonomy of the groups, plans, and divisions covered by the LBHP
VALID ENTRIES:	UP TO 18 DIGITS
FIELD NUMBER:	S-22
FIELD LENGTH:	18
FIELD TYPE:	Character
FORMAT:	CCCCCCCCCCCCCCCC
PURPOSE::	OBH

GUIDELINES:

Only applicable to the MCO, not required of other EHR vendors

For a complete listing of Groups, Plans, and Divisions, please contact the MCO.

VARIABLE NAME:	SERVICE_AGENCY_UID
DEFINITION:	A unique agency identifier for the provider agency/clinic where the service was rendered.
VALID ENTRIES:	UP TO 18 DIGITS
FIELD NUMBER:	S-23
FIELD LENGTH:	5
FIELD TYPE:	Numeric
FORMAT:	#####
PURPOSE::	BLOCK GRANT, TEDS, OBH

GUIDELINES:

The SERVICE_AGENCY_UID is the AGENCY_UID of the agency where the service is rendered. In situations where the client is served by more than one provider agency, this variable represents which agency provided the service as recorded on the service ticket/progress note.

VARIABLE NAME: **REGION**

DEFINITION: Identifies the Local Governing Entity (LGE) providing services to the client. Note important guidelines below.

VALID ENTRIES:

- 2 CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)**
- 3 SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)**
- 4 ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)**
- 5 IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)**
- 6 CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)**
- 7 NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)**
- 8 NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)**
- 9 FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)**
- 10 JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)**
- 11 METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)**

FIELD NUMBER: S-24

FIELD LENGTH: 2

FIELD TYPE: Numeric

FORMAT: ##

PURPOSE: TEDS, NOMS/BLOCK GRANT, OBH

GUIDELINES:

Enter the Local Governing Entity (LGE) providing services to the client. For clients served by an agency contracted by the LGE to provide services, the Region is the LGE.

A Local Governing Entity (LGE) is a human services area/district/authority which uses existing state funding for mental health, addictive disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services areas/districts/authorities operate in regions throughout Louisiana.

[END SERVICE DATA SET]

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PROVIDER ORGANIZATION, MSO, AND/OR EBHR VENDOR DATA CROSSWALK

**PROVIDER ORGANIZATION, MCO and/or
EBHR VENDOR DATA CROSSWALK**

PROVIDER ORGANIZATION, MCO, AND/OR EBHR VENDOR DATA CROSSWALK

Step 1: PROVIDER ORGANIZATION, MCO, and/or EBHR VENDOR DATA CROSSWALK

The Provider Organization, MCO, and/or EBHR Vendor Data Crosswalk have/has three parts and all three must be completed.

Part 1 shows the mapping of the Provider Organization, the MCO, and/or EBHR Vendor data elements, codes, and categories corresponding with those prescribed in this Instruction Manual. This will serve as a reference to ensure consistent statewide reporting across all Provider Organizations, the MCO, and/or EBHR vendors. It will also provide insight on the congruence between the Provider Organization, MCO, and/or EBHR vendor data collection protocols and the OBH client-level data reporting requirements.

Part 2 collects Provider Organization, MCO, and/or EBHR vendor data notes, definitions, data collection protocol, and other contextual information essential to better understanding the reporting capacity of the Provider Organization, MCO, and/or EBHR vendor. The information will be used to build technical assistance needs of the Provider Organization, MCO, and/or EBHR vendor to meet OBH client-level data reporting requirements. This will also capture specific Provider Organization, the MCO, and/or EBHR Vendor data footnotes that would accompany any future Provider Organization, MCO, and/or EBHR Vendor specific presentation or reporting.

Part 3 shows the mapping of the Provider Organization and/or EBHR Vendor unique clinic/facility identifiers (codes) with the corresponding Provider Organization and/or EBHR Vendor clinic/facility names as they are used in the Provider Organization and/or EBHR Vendor system. The same is true for the MCO and its electronic record system. The MCO is to provide a mapping of the unique provider clinic/facility identifiers (codes) with the corresponding provider clinic/facility names for those clinic/facilities using the MCO's electronic record system. Organizations moving from the MCO EHR to their own EHR vendor are to map their new EHR clinic/facility codes and descriptions to the corresponding agency identifier and description used in the MCO EHR.

Part 3 also includes a mapping of the Provider Organization and/or EBHR vendor unique service identifiers (codes) with the corresponding Provider Organization and/or EBHR vendor service descriptions as it is in the Provider Organizations and/or EBHR vendor system. The same is true for the MCO and its electronic record system. The MCO is to provide a mapping of the unique service identifiers (codes) with the corresponding services descriptions as used in the MCO's electronic record system. Organizations moving from the MCO EHR to their own EHR vendor are to map the MCO service codes and descriptions to the service codes and descriptions used in their new EHR system.

OBH will use these mappings to standardize these identifiers for use in the OBH data warehouse and its associated business intelligence tools (i.e. DataMaker2, DataQuest2, etc.).

PROVIDER ORGANIZATION, MSO, AND/OR EBHR VENDOR DATA CROSSWALK

PROVIDER ORGANIZATION, MCO, AND/OR EBHR VENDOR DATA CROSSWALK TEMPLATE SAMPLE

OBH FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL	PROV ORG FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL	COMMENT
H-01		ORGANIZATION_REPORTING_ CODE				
H-02		FILE_TYPE				
H-03		DATE				
H-04		BEGINNING_REPORT_PERIOD				
H-05		ENDING_REPORT_PERIOD				
H-06		CLIENT_RECORD_COUNT				
H-07		EPISODE_RECORD_COUNT				
		(See OBH Client Level Data Manual)				
H-08		ASSESSMENT_RECORD_ COUNT				
		(See OBH Client Level Data Manual)				
H-10		SERVICE_RECORD_COUNT				
		(See OBH Client Level Data Manual)				
CLIENT TABLE						
C-01		CITY				
		(See OBH Client Level Data Manual)				
C-02		CLUID(KEY)				
		(See OBH Client Level Data Manual)				
C-03		DEP_NUM				
		(See OBH Client Level Data Manual)				
C-04		DOB				

PROVIDER ORGANIZATION, MSO, AND/OR EBHR VENDOR DATA CROSSWALK

		(See OBH Client Level Data Manual)				
C-05	ETHNICITY					
	1	CENTRAL OR SOUTH AMERICAN				
	2	CUBAN				
	3	HISPANIC OR LATINO				
	4	HISPANIC OR LATINO, UNKNOWN ORIGIN				
	5	MEXICAN / MEXICAN AMERICAN				
	6	NON-HISPANIC OR NON-LATINO				
	7	PUERTO RICAN				
	98	UNKNOWN				
C-07	GENDER					
	1	MALE				
	2	FEMALE				

Please note: this sample crosswalk is for illustrative purposes only. It does not contain the complete crosswalk. The actual OBH Org/LGE Crosswalk Template will be provided to you for completion. If you do not have the actual OBH Org/LGE Crosswalk Template, please contact Dr. Kashunda Williams at Kashunda.Williams@la.gov or (225)342-2525.

LOCAL GOVERNING ENTITIES

LOCAL GOVERNING ENTITIES

LOCAL GOVERNING ENTITIES (LGEs)

A Local Governing Entity (LGE) is a human services district/authority which uses existing state funding for mental health, substance use disorders, developmental disability and certain public health services to support the community's health care needs that the community sets as a priority. The districts may also use federal, local and private funding to augment state funding, and receive technical guidance from the state for service implementation and workforce training.

Currently ten human services districts/authorities operate in regions throughout Louisiana. These LGE's are as follows:

LGE NAME	PARISHES INCLUDED
METROPOLITAN HUMAN SERVICES DISTRICT	Orleans, St. Bernard and Plaquemines parishes (formerly Region I)
CAPITAL AREA HUMAN SERVICES DISTRICT	East Baton Rouge, West Baton Rouge, Ascension, Iberville, Point Coupee, East Feliciana and West Feliciana parishes (formerly Region II)
SOUTH CENTRAL LOUISIANA MENTAL HEALTH AUTHORITY	Assumption, Lafourche, St. Charles, St. James, St. John/Baptist, St. Mary, Terrebonne (formerly Region III)
ACADIANA AREA HUMAN SERVICES DISTRICT	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion, (formerly Region IV)
IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis (formerly Region V)
CENTRAL LOUISIANA HUMAN SERVICES DISTRICT	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn (formerly Region VI)
NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster (formerly Region VII)
NORTHEAST DELTA HUMAN SERVICES AUTHORITY	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll (formerly Region VIII)
FLORIDA PARISHES HUMAN SERVICES AREA	St. Tammany, St. Helena, Livingston, Tangipahoa and Washington parishes (formerly Region IX)
JEFFERSON PARISH HUMAN SERVICES AREA	Jefferson Parish (formerly Region X)

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